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THE JOURNAL OF

Pastoral Care

VOL. 4 SPRING-SUMMER, 1950 NOS. 1 AND 2

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and the Institute of Pastoral Care.

THE JOURNAL OF

Pastoral Care

PUBLISHED IN THE INTEREST OF SHARING EXPERIENCES AND INTERPRETATIONS OF PASTORAL WORK, INTERPROFESSIONAL RELATIONSHIPS, THE THEOLOGY OF PASTORAL CARE, AND CLINICAL PASTORAL TRAINING.

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THE JOURNAL OF

Pastoral Care

VOL. 4 SPRING-SUMMER, 1950 NOS. 1 AND 2

OUR MERGER: AN EDITORIAL

WE are happy to announce the merger of *The Journal of Clinical Pastoral Work* and *The Journal of Pastoral Care*. It is particularly appropriate that this union of two pioneering projects could be brought about on the twenty-fifth or silver anniversary of the clinical pastoral training movement.

For some years now those of us who have been actively concerned with pastoral care have felt a need for some means whereby we could share our growing understanding, experience, and problems. This called for some publication which would make it possible for us to express such professional concerns. The Rev. Robert D. Morris, Chaplain at The Episcopal Hospital in Philadelphia, and the Rev. Rollin J. Fairbanks, Director of the Institute of Pastoral Care, Cambridge, Massachusetts, undertook to supply this need. As a result, *The Journal of Pastoral Care* under the editorship of Mr. Fairbanks, and *The Journal of Clinical Pastoral Work* under the editorship of Mr. Morris appeared in the fall of 1947.

It was inevitable that there be some duplication of effort as well as some confusion about the existence of two journals in the same field. The experience gained by each publication, however, enables us now to bring forward a specifically professional journal. As indicated elsewhere, it is being published "in the interest of sharing experiences and interpretations of pastoral work, interprofessional relationships, the theology of pastoral care, and clinical pastoral training."

In order to accomplish this goal we shall need the cooperation and assistance of all who experience a similar concern. Particularly shall we welcome for consideration any and all manuscripts which contain data and experience pertinent to our field.

The need for a careful and intensive scrutiny of our pastoral procedures grows more demanding every day. Pastors are constantly being forced into an awareness of how much is required of them as pastors — and at the same time of how little is actually known about what constitutes adequate and meaningful pastoral care. In sharing with each other what we have done — with some attempt at an interpretation of why and how this was done — we can provide a growing body of experience and knowledge which will help us to minister more effectively to those whom we seek to serve. To such ends was this undertaking born, and to such ends does it dedicate itself.

E. E. B.

THE PRIMARY UNIT

JAMES CLARK MOLONEY, M.D.

Member of the American Psychiatric Association, the American Psychoanalytic Association, and the American Psychosomatic Association.

MENTAL health is not caused. It is. The infant is born mentally healthy.[1] A certain type of mother is essential to maintain, foster, and nourish this health. At first the neonate, though healthy for his stage of development, is helpless, entirely dependent on the mother. During the newborn's greatest vulnerability, he may lose his mental health since it is now evident that the mental troubles of the mother are insidiously contagious. An infant in actual contact with an emotionally sick mother seldom escapes infection with the mother's illness, and this bad start may be perpetuated throughout his life. This fact is of the utmost importance, and has gradually ground itself into the awareness of a few people.[2]

Sibylle K. Escalona of the Menninger Clinic, in a paper presented at the First Conference of the Josiah Macy, Jr. Foundation, said: "In a general way it has always been known that infants respond best to calm, secure, warm persons, that they are more irritable and tense under the management of tense, excitable, nervous and insecure persons. The degree to which even momentary fluctuations in the feeling state of the adult may be reflected in all aspects of the infant's behavior has never ceased to amaze us since we first began to give systematic attention to the problem. Even in the case of especially contented infants we have often observed a disruption of sucking, increased crying and restlessness at times when the mother was temporarily tense and anxious. . . . Where we deal with mothers who are anxious and tense, worried and in conflict, whether in relationship to the infant or not, and on a realistic basis or not, we may be doing the baby a doubtful service by exposing him to continued and intensive contact with such a mother. It is quite conceivable, in fact we believe to have seen several such cases, where the

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This paper was presented at a meeting of the Mental Hospital Chaplain's Association in Detroit, Michigan on May 3, 1950.

[1] For practical reasons, organic disturbances are deliberately ignored.

[2] The mother, fundamentally normal, but made tense by contemporaneous distractions, might also transmit her anxieties to her newborn. The vacillation in family tensions — existing during the period of vulnerability of one child and not of another — accounts for the differences in neurotic degree manifested by the different children of the same family.

infant was prevented from making the first all important adjustments to extra-uterine life, where feeding, digestion and sleep were all disturbed in direct response not to obviously faulty technics of handling or to deprivation of the need for physical contact with adults, but because of exposure to mother-figures whose inner tenseness in some fashion communicated itself to the infant."[3]

Therese Benedek, of the Institute for Psychoanalysis of Chicago, has written: "In the recent literature, several observations have been published demonstrating that the child, by some not clearly defined psychic process, incorporates the emotional attitudes of the mother, embodies her anxiety, and develops symptoms which the mother used to have or might have had. The motivations which play a role in the presenting symptom of the child also exist in the mother and can be elicited by analysis. The dynamics of such preconscious or unconscious communication between mother and child may be clarified by a better understanding of the psychobiological factors which motivate motherhood and motherliness."[4]

From Merell Middlemore's *The Nursing Couple* comes further evidence along this line: "Experience during feeding was more unfortunate if the inertia made the mother or nurse anxious, for the most usual of all their nervous responses was to handle the suckling roughly. In the face of roughness the inert baby generally withdrew from the breast in sharp discomfort; each touch apparently felt bad to him, and he could not respond to it by sucking. . . . If the mother bothered the child too much during unsatisfactory feeds of this kind he remained passive and shrinking; he seemed to notice and dislike her handling although it did not rouse him to suck. . . . In this unhappy phase most of the child's impressions of feeding would have an unpleasant quality, and if the suckling situation were dramatized according to his existing powers of perception, he would be represented as defending himself against some kind of attack. The ferocity of the attack would be measured by the degree of the child's distress during the badly given feeds when the fantasy was first conceived. . . . Blonde women whose skin was specially sensitive were often restless during suckling, even when the baby sucked steadily; while women who were morbidly frightened of the vigorous attack and expected momentarily to be bitten flinched many times during a feeding and their wincing and nervous gestures increased their babies' irritability. . . . The restlessness of excited infants had many disadvantages, but it saved them from prolonged rough handling such as inert babies put up with when they lay very still while feeding. The hardest usage these excited babies

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[3] Sibylle K. Escalona: "An Appraisal of Some Psychological Factors in Relation to Rooming-in and Self-Demand Schedules," *Transactions of the First Conference on the Problems of Early Infancy*, The Josiah Macy, Jr. Foundation, New York, 1947.

[4] Therese Benedek: "The Psychosomatic Implications of the Primary Unit: Mother-Child," *The American Journal of Orthopsychiatry*, Vol. XIX, No. 4, Oct., 1949.

received was to be strictly confined in a blanket and ungently pressed against the breast; they were never pinched or smacked to be awakened because they were seldom asleep. I would say at a venture that excited babies were disturbed as often by the repeated wincing or the interfering movements of nervous mothers as by being too sternly settled to the breast."[5]

Major Harvey Tousignant,[6] epidemiologist for the army at a point of embarkation for dependents, discovered that the babies who were with their mothers unaccompanied by their fathers often suffered from gastro-intestinal disturbances. If the fathers were there to absorb the trials and tribulations of travel, the mothers relaxed and related themselves in a tranquil fashion to their babies. If unaccompanied by their husbands, the mothers were compelled to attend to all of the details of travel with all the associated uncertainties. In this situation, they were incapable of relaxing and their anxieties were transmitted to the babies, who evidenced acute gastro-intestinal disturbances.

Dr. Leo Bartemeier, in a paper entitled "The Contributions of the Father to the Mental Health of the Family" has described the following case: "I observed the following incidents within the past few months in the life of a mother and her second child. She and the baby made a satisfactory recovery from the birth experience and after several days during which the infant took his feedings very well they returned home from the hospital. The father, who had regularly visited his wife while she was confined, unexpectedly announced that inasmuch as she and the baby were getting along so well he thought he would go fishing and that he expected to leave within a few days. He had been working very steadily, spoke of feeling tired and in need of a vacation. The following day their infant developed diarrhea, cried with pain and refused all nourishment. The pediatrician thought it best to hospitalize him and within a few hours after this separation from his mother his symptoms vanished and he was taking the same formula with seeming satisfaction. He had been given no medicines or treatments of any kind. Two days later he was returned home and when his symptoms reappeared the pediatrician said very wisely that his trouble must be in his handling. A nurse was provided and once more he recovered quickly. The father, who was about to leave, now decided not to go and spent several days about the home. After a week's time the mother discharged the nurse, resumed the care of their baby, and now that her anxiety had been dissipated through her husband's change of mind, their infant manifested no sign of any illness. You will be interested to hear that neither she nor her husband had any awareness of the real source of the disturbance, but to one who knew them both very intimately and well the cause and effects were

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[5] Merell P. Middlemore, M.D.: *The Nursing Couple*, Stephen Austin and Sons, Ltd., Hertford, England, 1941, 125–27.

[6] In a personal communication.

obvious. She was one of those women whose mask of independence and strength was only a thin veneer and her anxiety was easily aroused. She had raised no objection to her husband's planned departure and was honest with herself when she told him she was certain they would manage all right without him. He was a man who ordinarily had a good understanding of his wife's needs but who occasionally behaved as though neither she nor their children existed. At these times his psychological vision would shrink to the circumference of his own needs. It so happened that he almost invariably behaved this way during the most critical periods of their relationship."[7]

Another case illustrates the dynamics of the primary unit. The father of the neonate was a doctor. For ten days everything went well, the baby, a breast feeder, snuggled into the relaxed warm acceptance of the mother. Then the maternal grandmother appeared on the scene. The baby at this precise time became restless; she developed gastro-intestinal disorders, and became a capricious feeder. Even though provocative tension in the mother was not too obvious, it was astoundingly evident that the baby suffered the most distress while held by the mother. But when the father held the baby against his bare chest, the baby became quiet. Soon the suppressed disturbance in the mother became evident. She finally admitted that for some time she had been dreaming of her baby's destruction.

Finally, as a surprise to all, the baby became restless when held against the father's chest. The father, too, although giving no outward sign of tension, admitted to me that he had just been recalled to active duty with the army.

The baby's mother became tense when her own mother appeared. She knew from past experiences that her husband hated her mother; and that the doctor husband was apt to start verbal conflagration upon the slightest provocation. The baby's mother had been indoctrinated with Cornelian Corner permissive principles. She was well aware of the desirability of a relaxed relation toward her new daughter. She felt trapped: if she became excited she thought she would psychologically injure her new daughter; and yet she did not know at what minute her husband would explode at her mother. It was simpler to have no child at all. Since it was the baby who brought her mother and husband together, in her dreams she rid herself of the baby. Again she was trapped: infanticide was not socially acceptable. This caused a new burst of anxiety. The baby became restless, the mother more tense; a vicious circle was established.

In "Autoerotism," Rene Spitz says: "The ego of the infant in the first year is rudimentary and is only able to subsist thanks to the circum-

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[7] Leo H. Bartemeier, M.D.: "The Contributions of the Father to the Mental Health of the Family," *Mental Hygiene Bulletin*, Vol. VII, No. 4, 1949.

stance that it is supplemented by the mother's personality. As a result of this circumstance which we have described as the 'mother-child dual' most of the infant's functions take place in closest concomitance and interaction with the mother's actions and attitudes, either as their prolongation, or as their origin, or paralleling them all along the way. Such a function will of course amount to something which (if we wish at this early age to avoid the term of identification which implies a specific mechanism) could be called a practical identity, a lack of differentiation between ego and environment."[8]

Ashley Montagu, in a personal communication to me, wrote: "The infant is utterly dependent upon its mother. It draws its energies largely through her agency, and it almost literally absorbs these from her. Hence, the importance of the mother's 'frame of mind,' for the mother's 'frame of mind,' — her state of being — constitutes a 'framework of reference' by means of which the infant orients and begins to form itself in relation to the external world and to 'itself.' This process commences at birth, if not earlier. The infant has basic needs which obviously require satisfaction from the moment of birth. It is largely dependent upon the mother for those satisfactions. Obstetricians and hospital managements who refuse to recognize these facts and continue to act as if the early days of the infant's life are of small importance should not mistake their prejudices for the laws of nature. The infant needs the proximity of its mother as compellingly as it needs oxygen and sleep. The more so because its need for the mother is covert and apparently less overtly urgent than is its need for air and sleep. One of the criteria of a basic need is the universality of its distribution in the Order of Animals in which it occurs. Throughout the whole Order of Animals to which man belongs, the closest association between mother and offspring is maintained from birth. *It is the rule that the greatest amount of time is usually spent by the mother with her offspring during the earliest days after their birth.* It would seem from this fact alone that what is so universal a biological association is biologically fundamental. Where Nature indicates a fact we do well to pay attention."

In a paper which I presented at the First Conference of the Josiah Macy, Jr. Foundation, I stated: "In this special area (earliest infancy) what belongs to the child and what does not belong to the child becomes adherent in a kind of psychic intermingling. This intermingling does not permit respective separation into that which belongs to the parent (i.e., reality), and into that which belongs to the child."[9] ". . . During this earliest phase of infantile experience the child is incapable of distinguishing the mother from himself. In so far as he knows, the mother

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[8] Rene A. Spitz: "Autoerotism," *The Psychoanalytic Study of the Child*, Vol. III-IV, 1949.

[9] James Clark Moloney, M.D.: "The Cornelian Corner and Its Rationale," *Transactions of the First Conference on the Problems of Early Infancy*, The Josiah Macy, Jr. Foundation, New York, 1947.

is a part of himself. To be sure, a precipitated, fixed, conditioned memory of this interrelationship (self-mother) is exceedingly complex. It contains self elements and mother elements which are also believed to be a part of the self."[10]

Harry Stack Sullivan has written this: "Very young infants show grossly identical patterns of behavior when they are subjected to 'frightening' situations and when they are in contact with the person who mothers them *and that person is anxious, angry, or otherwise disquieted.* Something which develops without a break into the tension state which we have discriminated on the basis of its specific differences from fear can be *induced* in the infant by *interpersonal influence*, in contrast to the evocation of primitive fear by sundry violent influences from 'outside' or 'inside' the body.

"This *interpersonal induction* of anxiety, and the exclusively interpersonal origin of every instance of its manifestations, is the unique characteristic of anxiety and of the congeries of more complex tensions in later life to which it contributes."[11]

John C. Montgomery and Genevieve Trainham[12] intimately studying many cases of the primary unit, are convinced that the maternal attitudes are transmitted to the neonate.

In a paper given before the Second Conference of the Josiah Macy, Jr. Foundation, Howard Walser made this observation: "In the light of the work done at Fels Institute by Doctor Sontag, et al., . . . we may have to temper some of our very convincing arguments that congenital abnormalities are so entirely free from maternal influence."[13]

In "The Significance of the 'Emotional Climate' in Early Feeding Difficulties," Beata Rank, Marian Putnam, and Gregory Rochlin have described two cases in which the disturbances of the child were a result of early parent-child relationships and were first manifested in gastrointestinal disorders. They state that "A mother and her young child represent a dynamic unit."[14]

The pieces now fit together, and evidence supporting the discovery of the transmissibility of maternal emotional disorder to the neonate is

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[10] James Clark Moloney, M.D.: *The Magic Cloak*, The Montrose Press, Wakefield, Massachusetts, 332.

[11] Harry Stack Sullivan: "The Meaning of Anxiety in Psychiatry and in Life," *Psychiatry*, Vol. XI, No. 1, February 1948.

[12] In a personal communication.

[13] Howard Walser, M.D.: "Some Clinical Observations on the Influence of Emotions in Pregnancy," *Transactions of the Second Conference on the Problems of Early Infancy*, The Josiah Macy, Jr. Foundation, New York, 1948.

[14] Beata Rank, Marian C. Putnam, M.D., and Gregory Rochlin, M.D.: "The Significance of the Emotional Climate in Early Feeding Difficulties," *Psychosomatic Medicine*, Vol. X, No. 5, September-October, 1948.

forth-coming from many sources. A current patient, forty-one years of age, brought in a diary meticulously kept by her doting father. The diary, dealing with her own infancy, was a masterpiece of completeness. In many places it described her malaise, restlessness or gastro-intestinal disturbances. These diary references to her distress in infancy were always preceded by some casual allusion to the fact that her mother at that time had previously suffered a bad day — a sick headache or some other distress.

From this welter of material it becomes obvious that a sick mother cannot go through the motions of being a healthy or adequate mother, and not by her good intentions alone can a mother turn her child into an emotionally healthy adult. The genuinely relaxed mother will relate herself to the child in a tender and tranquil manner.

Failure to feed the child when he is hungry,[15] to comfort him when he is in pain, to change him when he is wet, to soothe him when he is frightened; in brief, failure to meet the normal and to-be-expected demand patterns of the growing child introduces coiled influences into the psychological system that, uncoiling with the passage of years, distort the surfaces of the personality while operating from within. Artificial feeding methods, the isolated use of the bottle with the cold impersonal impact, the observing of periodic feeding programs which do not parallel intestinal rhythm, the premature institution of bowel training,[16] the premature introduction of discipline,[17] all confront the infant with obstacles which tend to warp his final adult form.

In one sense, the baby starts out life with a blank slate. He learns about the world through information that comes in through his five senses: the eyes, nose, ears, mouth, and skin. It is most important that he gain an early complete picture of the mother by taking the mother in through all his senses. It is important that the memory of the mother be represented by a complete picture. Distortions do occur — distortions of the mother memory when the mother is taken in through one sense, two senses or three senses. In the completion of homeostasis the mother acts as a catalyst. In order for the mother to act as a catalyst, it is important that the infant be intimately related to a mother of warmth. A child not only takes in the picture of the mother, but also the maternal climate. At the time of the child's birth, a child possesses rhythms, faculties for memory development, the faculty for intelligence, a faculty for body mastery, a faculty for perceptual keenness, a capacity

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[15] Genevieve Trainham, R.N., and John C. Montgomery, M.D.: "Self-demand Feeding for Babies," *The American Journal of Nursing*, Vol. LXVI, No. 11, November 1946.

[16] Genevieve Trainham, R.N. and John C. Montgomery, M.D.: "Developmental Factors in Learning Bowel and Bladder Control," *The American Journal of Nursing*, Vol. XLVI, No. 12, December 1946.

[17] James Clark Moloney, M.D.: "Does a Baby Need Discipline?" *Baby Talk*, September 1948.

for relating to inanimate objects, a capacity for relating to animate objects. The infant also possesses a potential capacity for differentiating time and space. These faculties do not mature in an orderly or proper fashion, nor do they become synthesized unless the child is brought up free from frustration, unless the child is reared in a warm maternal climate.

Recently it seems to have been determined that it is necessary for a child to exercise his grasping reflex, a reflex common to primates.[18] Perhaps gratifying the grasping reflex gives him a sense of holding the mother. This in turn may minimize some of his feelings of helplessness.

Theodore Schneirla, Assistant Curator of Animal Behavior for the American Museum of Natural History, in an address before the Josiah Macy, Jr. Foundation's Conference on the Problems of Early Infancy and Childhood, given on March 6, 1950, disclosed that for certain primates the ability of the infant primate to grasp and to cling to the mother is mutualistically and constructively influential in developing learning in both mother and child. Probably this applies to human primates as well. The characteristic maturity of the Okinawans may have been produced to some extent at least by the fact that the Okinawan infants were carried on the backs of the mother, permitting the infants the security of grasping the mother at will.

"A good mother induces in her child a sense of confidence that permits him to exploit to its fullest capacity the potentiality of his own growth. A mother-ally sanctions and fosters the child's curiosity. Curiosity is an avenue to learning. Under the aegis of this special mothering, the child grows and solidly improves his position in the reality-situation. Under these health-giving circumstances, the child construes the parental influences as being directional rather than authoritative. Such a child is allowed to exercise his birthright of self-determinism."[19]

As a final statement, it must be emphasized over and over again that the mutualistic learning process depends upon a tranquil, nonenslaving, reciprocal continuance of the intimacy between infant and mother that was begun in the womb.

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[18] See also Robert C. Bak's "Clinging and Sadism," with discussion by Leo Bartemeier, a paper presented at the mid-winter meeting of the American Psychoanalytic Association, New York, 1949, and soon to be published in *The Psychoanalytic Quarterly*.

[19] James Clark Moloney, M.D.: "The Cornelian Corner," *The Psychiatric Quarterly*, October, 1946.

A GUIDE TO PASTORAL PREACHING

REV. GEORGE E. THOMAS, U.S.N.

Chaplain, U.S.S. "Mindoro"

As Russell L. Dicks has suggested in his preface to Charles F. Kemp's *Physicians of The Soul*, ministers have in times past announced themselves primarily as men who have been "called to preach." On the whole, a more personal type of service has been performed which has rather adequately emphasized the truly pastoral nature of the ministry. It is not very difficult to progress beyond this observation to the conviction not only that preaching and pastoral counseling should go hand in hand but also that they share the same knowledge and the same goals and have the same source of inspiration. Each depends upon the other, and they are subsequently united in the personality of the pastor himself. This paper, therefore, can be called a "guide" to pastoral preaching because the preacher's pastoral attitudes and insights are utilized to form some definite recommendations for the preparation and delivery of his sermons.

It is believed, for instance, that it is necessary for a minister to possess or to develop, certain characteristics which qualify him to stand in the pulpit Sunday after Sunday and give the members of his congregation some new understanding of the way they should walk and the faith they should have. As a pastor, the preacher has counseled sick and troubled people and may see some of them in his Sunday congregation. In addition, there will be others who are simply confused, still others who have achieved some comprehension of the hope and requirements of their religious faith. Some will be anti-religious or anti-Christian, while others — perhaps the majority! — will have some area of agreement with most Christian teachings and ideas. The preacher will desire to address all of these. What qualifications, then, must he have to warrant his weekly attempt to fulfill his duty?

The very first area where we must examine ourselves is at the point of our attitudes toward other people. The primary question is this: are we truly concerned with the welfare of individuals? It has been said that Phillips Brooks always had the individual in mind in his preaching. Kemp writes, "Lord Bryce said, 'He (Brooks) spoke to his audience as a man might speak to his friend.' " This great preacher even had a technique for insuring this feeling. All week he would work on his message. Then on Saturday afternoon he would walk the streets of Boston in the

busiest shopping districts. All that he would do would be to watch the faces of people passing by. He called this "humanizing" his sermon. And no matter who heard him preach the next morning, there always was something uplifting and meaningful for each.

Professor Dicks wrote that "To help a person we must love him." Henry Drummond was one of the rarest and finest examples of this truth. This young Scotsman, so different in theology from Dwight L. Moody, was a kindred spirit as far as love of the individual went. Moody placed him in charge of the "inquiry rooms," which was directly to his liking. Here he could help the many people with their tragic problems and broken spirits who had been touched earlier by that personal charm on the platform which had first stirred their hope. He has been described as one who possessed a naturalness of personality, an earnestness of manner, courtesy, sympathy, a genuine interest in others, and a deep faith in the sacredness of human nature. Nothing that harassed another was ever too distasteful, too hard, too meaningless for him!

How can we love like that? Not merely through understanding the needs of others, not by just understanding the high value Jesus placed on each person as a priceless son of God, but by actually sharing his feeling. Paul has established this standard in the familiar and matchless words: "If I speak in the tongues of men and of angels, but have not love, I am a noisy gong or a clanging cymbal."

Other aspects of our attitudes toward our parishioners have to do with a certain type of optimism. Do we see in them potentialities for good that may not always be obvious? Perhaps no one else ever thought that "Old Jenkins" could do much for God, but the Rev. George A. Gordon's ministry would have been immeasurably poorer if at his first parish at Temple, Maine, he had not been Jenkins's friend. No one was ever more profane than he, but there were other values in him which Gordon, at least, could see.

Another part of the preacher's make-up which we must be willing to evaluate is the amount of accumulated, practical knowledge we are masters of. Do we understand as thoroughly as we can the meaning of life and the sum of human nature? Do we possess a working knowledge of dynamic psychology? A year's postgraduate study in this field has been shattering to my previous concepts of what I as a chaplain could do and has resulted in a desire to apply some of my new understanding, for instance, to the weekly task of preparing and delivering sermons. When Henry Ward Beecher urged young ministers to study human nature, he must have had young preachers in mind. Often a seminary education sends us forth ready to preach as Jeremiah did, saying, "Thus saith the Lord," without having the emotional content or the knowledge of human nature of Jeremiah.

Similarly, our theologies and philosophies are suspect until they can be proved to belong to the same world wherein psychology and psychiatry

continue to operate and discover new, demonstrable truths. Probably the most helpful and best book to date on this matter is that by Robert H. Bonthius called *Christian Paths to Self-Acceptance*. He has systematized the various and varying Christian theologies. In it the Neo-orthodox or Reformed Protestant body of doctrine is termed in the light of his subject "Rejectionist," the Roman Catholic and associated churches "Forensic," and the Liberal Protestant "Meliorist." He has examined these from the standpoint of their contribution to or obstruction of a man's attempt to accept himself. One's own attitude of self-acceptance, as has been pointed out in Harry Emerson Fosdick's *On Being A Real Person*, is at the heart of the matter of living an abundant life. Although the first two methods agree in a few places with dynamic psychology, it is the third that most nearly proves satisfactory. We need to cast up some accounts of our own to determine whether or not the content of our thought and preaching is conducive to this wholly desirable end for men. We must re-examine our beliefs to be sure they are realistic and constructive.

Having considered now some of the qualifications and characteristics of the pastoral preacher, we begin to wonder, "Well, what does he preach? What is his message? Is it distinctive from what we have been preaching heretofore?" Seward Hiltner makes it clear in *Pastoral Counseling* that there may actually be no difference in the subject matter of two different sermons but that the minister interested in what we are calling pastoral preaching inevitably stands in a different place and wears a different mantle. Two hypothetical preachers, Arden and Barden, may both preach on "The Forgiveness of God"; but Preacher Arden has a non-pastoral approach. He lacks insight into his own psychology and that of his parishioners and shows it by his coercive, authoritarian attitude.

Yet, there is a way in which the content of our sermons will probably change when we adopt a truly pastoral approach. As noted above, our theology and our philosophy may have to be altered or revised.

The late Karl R. Stolz in *The Church and Psychotherapy* is convinced that what we preach should become entirely what he calls "life-situation preaching." He said, "Life-situation preaching takes cognizance of what ails people and of how and why they have failed; and then proceeds to give them the specific help they so desperately need. Stemming from an appreciation of the deepest meanings of life and the insights counseling, friendship, and love provide, this sort of preaching meets everyone in his present condition and helps him to grow toward Christian maturity and wholesome faith." Later he also said, "Preaching that finds men, searches them, and helps them to overcome the obstacles to the enrichment of personality possesses therapeutic value which people cannot forego without loss. Great preachers have known that unhappiness and frustration arise in human relationships and that here lies the chief source of human difficulty. To these and comparable problems they

have addressed their sermons, seeking to find the solutions to those things which puzzle men's minds, burden their consciences, and distract their spirits."

Another question which is relevant to the problem of what to preach is how large a place the Bible will have in the sermon of the pastor who is guided by psychological principles. Does it not seem that the more insight one has into the growth and relationships of human beings the more the Bible seems to be concerned with and to affect these same topics? A distinctive feature of the Bible is its closeness to people reported factually and carefully and often summing up their weaknesses and strengths, their fears and hopes, their hates and loves. The men of the Bible are real men, recognizable by emotions like ours. The New Testament preserves in its "good news" both an ample presentation of the life of him who personalized most of the truth we shall ever need to know and a competent statement of the principles of Christian experience and conduct. Therefore, as Dean Stolz wrote, "In life-situation preaching the Bible truly comes into its own. The vital issue of the individual is clarified and met by the upper reaches of the Bible as interpreted by dependable and reverent scholarship." Our problems, our anxieties, and our frustrations, then, are illuminated and satisfied on the very highest spiritual planes by appropriate Bible passages. The pastoral preacher will accordingly press into service more biblical material than ever before — not artificially but significantly and explicitly.

A series of sermons that illustrates what we have been saying could be planned in the general area of the emotions. The series could be called "Obstacles to Faith." What emotions might be "obstacles to faith"? Well, sorrow, anxiety, suffering, doubt, greed, and hostility are suggestions. All of these would be life-situational. My own experience has been that these topics are vastly different from those I have used until now. And, furthermore, when I tried to prepare such a series, I learned how complex and profound these subjects were. One who has had little opportunity to search for the deeper matters of the spirit should undertake such an assignment with humility.

Having made some suggestions concerning the characteristics of both the pastoral preacher and the pastoral sermon, we see that there are certain important ideas which our parishioners should hear via pastoral preaching. Perhaps the most important question is how we can expect to do it. Here we come up against the problem of communication.

The problem of communication is always with us. Some of the simplest things we say may need re-interpretation or further definition. Ask the butcher, "How much are two pounds of frankfurters?" and he may answer "Thick or thin ones? With skins or without?" Then, to take another step toward realizing the idea we have had of a "doggie" roast, we have to explain more exactly what we want. Our congregations are not free to ask us questions while we are preaching the sermon;

we must therefore anticipate this problem and make such careful preparation that we are never ambiguous.

In this connection Dean Stolz wrote, "Since the preacher is a dealer in words when he stands in the pulpit, it behooves him to use his words with a high degree of consistency and correctness." The reason, as any semanticist will obligingly explain, is that the speaker may have one interpretation for a word while his hearers may have another — or, worse yet, no interpretation at all. As an example in the realm of both words and ideas, consider the difference in the way Communists interpret democracy, freedom, or capitalism.

The semanticist, again, can help us by his study of these tools. An understanding and use of "Basic English" is recommended for us. Also, the use of even the simplest words must be carried out with the greatest care. Rudolph Flesch in his generally excellent book, *The Art of Plain Talk*, advocates that speakers should avoid metaphors. But, as has been pointed out, he has used a virtual metaphor in the word "avoid." Therefore, the opposing school endorses our "controlled" use of metaphors. Certainly where preaching depends so much upon the imagination of the preacher and has to use as its primary area of contact the imaginations of the people in the congregation, metaphors seem not only highly desirable but also necessary. The point is, however, that we must learn how to employ them with restraint as well as to the point at the proper time.

Similarly, our use of illustrations requires some constructive thinking. One criterion for judging the ability of a novelist is how much he is able to help a reader to feel that he can enter into the story living the life of the protagonist or some other character in the very setting chosen by the author. The preacher must have some of this same talent in choosing and telling the stories he needs to illustrate his message. Illustrations are necessary to convey ideas. We need to use the best, the least remote ones we can find.

To look further into the technique of delivering a sermon, we might consider Rollo May's idea expressed in *The Art of Counseling*: "Ideally, the members of the congregation should have in the church service much the same experience as the individual has in the counseling interview; they should go out from the church having experienced a psychological and spiritual catharsis, and feeling enlightened, encouraged, and strengthened by their new understanding of reality." Other and somewhat complementary characteristics have been outlined by Dean Stolz as follows: "The sermon should be affirmative and practical. It should be understood by all adults. . . . In order to be effective the sermon must hold the attention of the hearer. . . . A change for the better should be made in every worshiper before the congregation is dismissed. . . . In other words, the function of the sermon is to transform personality." These characteristics, though stated in a slightly disjointed fashion, set forth certain specific goals.

However, there is a deeper question which is almost psychological in nature. How are we going to achieve these ends? How can the worshiper have the experience May recommends? After all, the church auditorium is vastly different from the counselor's office! We believe that the solution was hinted at when we were talking about the qualifications of the preacher. If he cares enough for the individuals in his congregation, he will get that feeling across to them even though he may fail in nearly everything else. Fundamentally, this attitude is represented by the difference between using the pronouns "I" or "we". It is, too, as though the pastoral preacher can speak directly to his congregation, as though he were talking to each separately in the quiet of his study. It has something to do with the direct, friendly gaze from his eyes into theirs as he speaks. It has something to do with the words in his message: "Here is a problem we all face. We need, for the sake of mental and spiritual health, to work this thing out. We go wrong here and there. But we have these resources and especially these Christian aids. What then should we do? We desire certain recognizable Christian ends for ourselves and our society; so, we will choose to meet our problem with this positive solution." Always there is a spirit of togetherness, you see. It can never do that the minister leave his pulpit with his congregation feeling that they have heard their pastor speaking eloquently and then, lest his own purity and sanctity be contaminated, see him wrapping his robes about him tightly and somewhat proudly before departing once more from their midst. Obviously, the minister who feels that he has been called upon to deliver the judgments of God will tend toward this self-contained, self-satisfied, disdainful attitude. But the pastor who knows where his people live and who lives with them, sharing the same handicaps as well as the same potentially great powers for good living will convey his helpful point of view to his hearers. An example of this can be seen so clearly in Phillips Brooks' sermons. I have several volumes of these, and the first title in the first volume is "The Purpose and Use of Comfort." It seems that a biographical sketch of this great pastor could be constructed around that one fact. Does it not seem, accordingly, as though in the pastoral sermon there is much less of a place for exhortation and much more for sympathy?

Something else to consider is the role of emotion in preaching. William James in *The Varieties of Religious Experience* wrote, "Individuality is founded in feeling; and the recesses of feeling, the darker, blinder strata of character, are the only places in the world in which we can catch real fact in the making, and directly perceive how events happen, and how work is actually done." The constructive thing to do with this knowledge is to use it for good. Our sermons can benefit from it. "Preaching appeals to the will in large measure through the emotions and conscience," was the thought of Dean Stolz, "Emotion makes ideas dynamic." Therefore, emotion must be harnessed in the construction of the sermon.

Imagination can be enlisted for this purpose. Roland Hayes is one of the greatest interpreters of song because of his inspired use of imagination. He believes that it is necessary to recreate a song to sing it with the maximum of meaning. Only by entering into the heart of its emotional significance could he achieve this purpose, and this he learned from his part-Indian father on their farm in Georgia. William Hayes could imitate with a peculiar degree of exactness most birds and animals. But he did not merely reproduce the call of a bird; he seemed to shake out feathers and to spread invisible wings as he trilled the love song of the male bird to his mate. Through his lively imagination he nearly became the creature he was imitating. The minister should make application of this creative, interpretative idea in his preaching — particularly in his delivery of whatever illustrations he may use. These he must bring alive if he hopes to get their points across to his congregation.

Other appeals to the feelings of the congregation may be commendable. Probably the noblest of these is the challenge of personal loyalty to supreme ideals and especially to Jesus, who makes real for us our most important concepts of God.

The last consideration is the order in which the sermon should be presented. The essential ingredients of the sermon are outlined in *The Church and Psychotherapy* as follows: "A sermon should develop the implications of a single proposition or situation by means of description, exposition, persuasion, repetition, and illustration." But in what order should these come? It is believed that the following four steps are most helpful:

1. *Empathetic Exposition.* The preacher should lead into his sermon in such a way as to indicate what all are up against. Attention is called in the opening sentence to the problem in mind, and then he shows that he appreciates the way his congregation feels about the problem by restating in his own words their needs and experience.
2. *Description and Definition.* Next, the reason the problem exists is explained. Here an understanding of the mechanics of the emotions is demonstrated.
3. *Solution.* The sermon must show how the emotion or emotions involved can be managed and what resources we possess for this. Also, the specific contribution of the Christian faith and Christian resources whereby the solution is fairly well assured are here unfolded.
4. *Conclusion.* The message is summarized, and the obligatory sentence invites the listener to join the preacher in the triumph of faith.

Preachers soon get used to the kindly efforts of their parishioners to make encouraging comments after the sermon has been delivered. Sometimes one of them will be heard to say smilingly behind his hand, "You certainly were telling off Deacon Jones today, Parson," the parishioner not being Deacon Jones. At other times a more honest gaze accompanies the words, "Well, today's sermon reached me, Preacher. I got it between the

eyes." Both of these remarks indicate that the sermon possibly did not do all that we might have wanted it to. David E. Roberts in *Psychotherapy and a Christian View of Man* writes, "The healing value of an insight is directly proportional to the degree in which the patient has made it his own instead of taking it over from another person." Let us hope, then, that after our next sermons we will be told simply, "You helped me today to know myself."

GOD-CENTERED THERAPY: A CRITICISM OF CLIENT-CENTERED THERAPY

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THERE are two possible orientations in ministering to individuals which are irreconcilable in all but the most superficial ways. This was highlighted by the lead article in the Spring, 1949 issue of *The Journal of Pastoral Care* entitled "Client-Centered Psychotherapy and the Christian Doctrine," which tried to do the impossible by reconciling the two. The following article is intended to support this view and to suggest that a therapy does exist which is truly consistent with Christian concepts.

The very name "client-centered" indicates that it is *self*-centered and from here on, the merits of its practice are based on the fact that the client is to do things for himself, independently of anyone else, God or man, that he choose his own goals, has full capacity to solve his own problems. He is to direct his life toward goals of his own selection. The method is non-judgmental in that no values are maintained, no absolutes, no concepts of right or wrong. It is assumed that free will is possible and desirable and the emphasis is placed on self-understanding, self-evaluation, self-development. The method is non-directive in that the client takes the initiative and gets nothing back from the counselor except a reflection of his own expressions and attitudes. The only other contribution the counselor makes is in providing a permissive atmosphere.

One could accept this as a secular view of life based on humanistic or even atheistic ideas, but as I see it, there is nothing remotely consistent with Christian doctrine in the client-centered approach.

To be Christian, therapy must be God-centered, not self or client-centered, and it must be directive in that it cannot accept as fulfillment and release anything less than a complete self. Christianity believes that we are whole only when we surrender our will to God and accept His direction as the guiding force in our lives. Without a dynamic relationship to a force beyond the self, that self must remain frustrated and unfulfilled.

Modern education fell into this trap a few years ago when it placed emphasis on yielding to the child's will as being progressive and educational. It was child-centered and became a destructive program because

it did not recognize that other values were essential in the development of the individual.

In order to develop this more clearly let us take the concepts of the Rogerian method and technique and contrast them with Christian theory and technique as worked out in Rankian psychoanalysis which stems from the views of Otto Rank.

The neurotic person is already too self-centered or self-indulgent when he comes for therapy. Thus to continue to make the self the center adds to his problem. It is true that he is the one to be helped, and the therapist must put an understanding of his needs first. In that sense, he should be the center — the center of the counselor's concern.

But to say that the client is able or should become able to choose his own goals, solve his own problems, and direct his life toward goals of his own selection is a very partial view of life, if we study the way this is used and applied in client-centered therapy.

It is true that these phrases are applicable to the emotionally healthy person, *but only when something more basic than self-determination has entered his life.* He may not be consciously aware of it, but he is never free to do or be any of the above things unless he has had a relationship of love or understanding either with parents or a therapist which ultimately enables him to be led by God. When this occurs he is able to meet his own problems in what is truly a free and creative way *because he has been relieved of this very self-centeredness and need no longer bear the burden alone.*

A method that is non-judgmental could be a valuable experience, if by this is meant acceptance and understanding rather than blame. But if, as is stated, in order to place no blame, the counselor abandons all values of his own, then a vacuum is created. A permissive atmosphere where nothing occurs but an echo of the client's own attitudes would indeed be empty of all value and judgment, and thereby of all therapy also. It is true that a therapist must empty *himself* of willfulness or selfish desire to impose his own needs on the client, but this is only that he may be a clearer instrument in helping. His values, his conception of life, both divine and human, must be so clearly part of his understanding and being that he can give of himself freely in a relationship of helping. The individual must be accepted as he is at that moment, yes, but part of a therapist's acceptance must include the individual as he is *capable of becoming;* faith not in his ability to handle his own problems as stated, but faith in his capacity to change, to become a more fulfilled being.

As for self-understanding and self-evaluation, how can anything be understood except in relation to something else? The self does not exist as a total entity apart from others, but must be measured through the other, through relationship. A person is what he is because of the kind of

relationships he has had with parents, friends, wife, and others. How can he understand this self or evaluate it except in terms of this? Thus in order to grow, a relationship with the therapist would seem implicit. It takes two to make a relationship. Growth cannot come out of a static human situation. One can only learn to know or understand or evaluate the self when this has been experienced fully with a helping person who does more than be utterly and objectively permissive and non-judgmental. The therapist must risk something of himself or nothing is given, nothing is put in to make a dynamic, nothing can change. The distinction between the response of the therapist and that of other people is that this relationship is limited to the client's need and is disciplined accordingly.

God Takes the Initiative

Again it is stated that the client takes the initiative. The counselor injects nothing. This viewpoint would lead one to believe that growth can occur by itself, alone and unaided. It is important for the counselor to take the right kind of responsibility, yes, but to take none at all is to place the entire burden on the person needing help and actually means an unwillingness to help — or care — thus leaving the client no different than before he came. The therapist must not take the client's role nor interfere with what he needs to express, but unless he sees his own role as more than just not interfering with the client, what is to bring change and growth into the situation?

In Christian theology we believe that God seeks man as much as man seeks God. The central theme is the familiar "For God so loved the world that He sent His only begotten son. . . ." What is the dynamic here but love, that he *cares* for man? Thus in therapy unless there is *concern*, a giving of understanding through a willingness to be part of a helping relationship, there can be no growth, no inner change. Man cannot repent, be sorry, want a better self unless he is cared about (forgiven) so that in any therapy that is healing, the therapist must be willing to reach out with genuine feeling to help release the individual through love (agape) which is true understanding. What good is a "permissive attitude" that is permissive merely because in its complete objectivity it does not risk caring? If there is no concern, anything can be permitted, but of what value is it? The parent who does not limit (judge) the child is an unloving parent. How many times have we heard "My mother didn't care enough to teach me right from wrong — to correct me!" Caring inevitably involved judgment, the admission of value, or meaning, which at its core is eternal and absolute. The vital thing in therapy is that we base our work on these eternal values inherent both in God and in human nature. If our caring is true understanding (agape), we shall be able to do so. This indeed requires an inner discipline not easily attained.

Free will is emphasized in non-directive counseling as an attainable and desirable thing. However, even in pure science we have to admit subjection to physical laws — that it is a determined and ordered world. In human nature the Christian revelation provides an inner freedom through the acceptance of God's will within. In it we triumph over natural law. Will becomes free will only when it is surrendered to God. Man is then released from the pain of his own willfulness and becomes free to be fully himself. Sin is another word for willfulness since setting up one's own will estranges man from God's will. Sin is thus to set oneself at the center, or be self-centered in place of God-centered, and this can lead only to destruction.

True, God cannot force man to surrender his will, but unless he does, he will never be free. This yielding to the Infinite becomes possible through the power of redemptive love which is the experience of salvation or conversion.

The statement is made in client-centered therapy that one learns to control his own will. This could hardly be a constructive goal for any Christian therapy. Man controls because he is alone and afraid, fighting both God and man. When he has yielded his will, there is no longer any need for such control which merely separates him from God and his true self. Instead there is an experience of unity and security which transcends all else. Thus renewed, man is enabled to give up the old way of life and take on the new. Growth is only possible when sin can be admitted and it can be admitted only where there is forgiveness and caring. Man can initiate nothing on his own unless there is another to accept and respond with understanding. Otherwise he can only repeat and reinforce the same old pattern.

Non-directive therapy states that the counselor passes no judgment and initiates nothing for fear of imposing his will on the client. This is given as proof of his complete respect for the other person. The client is of course suffering from the domination and selfish use that his parents and others have forced upon him and he fears the same use will be made of him by the counselor. Actually it is the will of neither that is important but only that the client should be released from the fear and pain engendered by earlier experiences. His willfulness is merely his defense and of no good in itself. But it is a strong protection and how can it ever be relinquished unless he can feel the concern of the therapist for him?

The client-centered philosophy states that goals should be chosen by the client, not the counselor. Here again, goals should be chosen by neither. The client's willful setting of his own goals is no more constructive than the counselor's. Domination by either is destructive. The therapist must be a free enough tool for God, so the client can finally yield his will without fear of human domination. Then the proper goals

will be revealed to him and he will have no more doubts as to his life purposes.

If God were not judgmental, there would be no meaning to life, and if he were not loving, there would be no fulfillment. Both of these concepts must flow through the therapist to the client if he is to become whole again. To be a healing agent the therapist must be willing to be of the deepest and most discerning use to the other person, caring enough to involve himself sincerely in a helping relationship.

THE STRESSES AND STRAINS OF MARRIAGE

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THE problem of stress and discomfort in marriage is often brought to the pastor as it is to the psychiatrist. Some of the situations met during the course of psychiatric practice may strike a familiar note in the minister's experience.

The problems which the psychiatrist is likely to meet are often discovered during investigation of the physical complaints with which the patient comes. A psychiatrist who, like myself, works in a general hospital is likely to have seen people with a great variety of troubles centering around some illness suspected by the medical staff to have an emotional origin. Among the emotional origins is found the problem of having to live in a close and perpetual community with a person with whom one does not get along.

Obligatory Proximity

One might center a discussion of marriage problems around that assertation: marriage is a state of lasting and enforced proximity to another person. Many of the problems which arise are due to its obligatory character and to the difficulty of taking a vacation from it.

This relationship, which seems so desirable when one plans a marriage, is, of course, a cultural inheritance: something perpetuated by the code of conduct of our culture, something highly sanctioned and enforced by religious considerations, one of the cornerstones of our method of safeguarding the secure development of our offspring and maintaining stable units of social interaction within our society.

Despite the high incidence of what seems like easy divorce, our whole culture underlines and reinforces the character of the bond.

This is a revision of a transcript of an informal lecture given at the Church of the Advent, Boston, and printed in the *Church Militant*, May and June, 1950.

Marriage means that you can be as close to each other as you want when enjoying one another; it also means surrendering a considerable area of one's privacy and a considerable part of one's freedom of motion. Conflict arises if the partners do not enjoy the same sort of activities. Since the two partners in any marriage always come from different "families of orientation," as the sociologists describe it, to enter a "family of procreation," they are likely to bring along a multiplicity of ways of doing things and a marked diversity of interests, goals and desires. Such simple things as the way one eats and enjoys one's food, the way one likes to dress fast or slowly, the kind of people one likes to have around at certain times form a pattern of habits which may not quite mesh with the partner's set. It can be fun. It can also be decidedly annoying to have one's choicest foibles flouted. Food likes, for instance, are often solidly ingrained in the economics of pleasure and displeasure. If a wife consistently cooks things which her husband does not like or is made to cook things which she does not like, the ensuing friction may cause a certain amount of heat.

These things, of course, are of minor importance. We think we will master them easily — such trivia make no difference to people like us. We know from experience, however, that they may matter enough to cause serious marital discord.

Needs for Interaction

Another important problem is that of friends. Everyone grows up, as far as we know, with a distinctive pattern of interaction with other human beings — with deep seated needs for certain ways and certain rates of interaction. The context of human relationships to which the couple has been accustomed may include at least one person whose appreciation they can be sure of; someone who tells them where to get off, who criticizes; someone to whom they can tell a great many things that they would not tell anyone else; someone who is the right companion for certain hours of the day or for certain activities. These are *friendship functions* which are usually distributed among a number of people before marriage. Some people are fairly lonely, however, and for them the future partner promises to fulfill all these needs. Their marriages are likely to be under considerable strain owing to the excessive demands placed on them by the socially impoverished person.

How, then, can we match the friendships? There is likely to be a loss of friendship ties even in the best match. Friends who like the bachelor or the single girl do not feel comfortable with either married. The girl who moves to a new area after marriage is likely to suffer greatly in this respect. The Yankee area of Boston, for example, is notoriously a place of hazard for many girls from other regions. They find it hard to replace lost friends with new ones because of the long period of probation before they are fully accepted. The husband is the most available person and

becomes both the substitute for friends and the recipient of expressions of negative emotions aroused by such losses. Unless such a wife is aware of the fact that this is a real trauma, a real problem to be solved, she is likely to brush it off. "Oh, I will master it somehow," she may think, "forget it." She does not forget it. The time of transition between having acquaintances and making friends is often a long one. Meanwhile the young wife is hard on her mate, who may become resentful in turn. If the first pregnancy interrupts the job of making friends, the strain may prove dangerous to the stability of the marriage.

It might be mentioned that church groups which provide avenues to friendship can help attack this problem, as can other community activities which make newcomers feel at home.

There is another hazard: the human orbit which the two partners bring to marriage is structured along *occupational* as well as friendship lines. Before marriage the girl is likely to have had something to do: professional or voluntary activities in the community, or care of members of her own family; but in any case a definite cause, often a quite exacting cause. The man does not have so many changes to face. He continues with his work and responsibilities. Marriage to young professional men is the extreme example of this. Anyone who has known doctors and their families realizes how hard it is for a young woman to be the wife of an interne. At least ninety per cent of his waking time is given over to professional pursuits. The wife who starts with fond expectations of protracted proximity and shared experiences is left very much out in the cold, without anything to do and without any friends. If she happens to be the girl whose father was a doctor, or knows what wives of young internes are like, what things they talk about, she might fit in quickly; but if she comes from a different circle of friends, she may have a very difficult time indeed, and this new marriage, so full of good will on both sides, may be severely taxed.

The Woman's Sacrifice

It is not an accident that women come more often than men with complaints about their marriages to clinics like ours. It is the woman who makes a social sacrifice when she marries. The sociologists point out that the husband represents the family in the community: it bears his name and carries his status. To some extent it is made or broken by his professional success. His contacts with his friends, his professional pursuits in laboratory or business absorb much of his energy and bring his greatest rewards. The young wife, moved into a new community, usually wonders whether she should seek work again. If she does, it is temporary — just until the baby comes. Her education in high school and college, however, has prepared her not for a little fill-in job until the husband earns more money, not for a stop-gap job when he gets sick and there has to be additional support. A middle-class woman in our culture

has trained with the same intensity and eagerness as the man for the same types of cultural and semi-professional activities. If marriage does not end her working day, pregnancy does. With pregnancy, an effective incarceration for a couple of years is certain. She is no longer able to use any of the old skills, but has somehow to acquire skills which were never learned in school, which may even have been looked down upon as less challenging than professional activities.

Idealization Versus Partnership

A further hazard is having the close proximity destroy illusions about one another. It is quite characteristic for the couple during courtship to go through the process of what analysts call idealization. In our culture, the emphasis is on the romantic aspect of courtship: the beautiful girl of my dreams, the most wonderful man I ever met. The process of debunking this idealization is the real test of marriage.

What happens during the idealization process? Every woman, for instance, carries around with her a composite image derived from all the people of the opposite sex who have been dear to her. There is something of Dad in it; a part, perhaps, of an uncle or older cousin; a reflection of a minister or doctor; and an overlay of story book princes and movie stars. Instead of checking the prospective mate against this picture, a girl may take it and put it over her beloved like a mask. As long as the couple see each other only for dates in the evening, the illusion persists. When the couple actually lives together, however, the evident disparity between the real and ideal is likely to lead to a recognition of the real person. Such recognition means the giving up of idealization and that means disillusionment. Something similar happens to the child's illusions about his parents: to the small child they are all-powerful, security-inspiring, "fix-it" persons. This image is gradually undermined, and during adolescence the ideal image gives way to disillusionment. Adolescents frequently decide that the parents are just old fogies; that they are a new generation and need not listen to them at all. When the time comes to choose a mate, it seems particularly important not to listen to the parents. The marriage counselor, acting *in loco parentis*, is not talking, so the couple thinks, about *their* particular situation when he cautions about the hazards of marriage. In that respect he, too, is in the class of the old fogies.

As we have said, the process of initial over-esteem is followed by a moving away from each other. That has to be followed by what might be called the real love relationship: the appreciation of the person with all his or her assets and shortcomings accompanied by positive feelings which one had during courtship. The new relationship, however, is not the courtship one, but a reality-tested partnership. Whether this is achieved or not is one of the crucial tests of a marriage. Idealization, disillusionment, partnership: this is an important process that must be

gone through. The middle period of discouragement, if it is mastered successfully, is therefore a very salutary phase of a marriage. In Hollywood marriages it is not supposed to occur. When it does, it seems necessary to get a divorce and find another star with whom one can have a new courtship. Outside of Hollywood, even in the best marriages one should not expect a continuous, unadulterated thrill over each other, and continuous pleasant response on the part of the partner. It just does not happen that way.

What we have discussed so far represents stress rather than strain phenomena, because a stress is a normal phase of living. To learn how to meet stress and to master it is one of the important skills which we all should bring to a marriage. We might now consider the *strains* of marriage which really cause pain, which really might arouse a justifiable wish for separation.

Many of the stresses of marriage are related to the idealized image, as we have seen. Psychiatrists believe that many of its strains have their origin in aspects of the image even more ambiguous than those we have considered.

A good many marriages seem so desirable and the intended partner seems so thrilling because of a person in the family of the intended to whom one is strongly attracted. I might go so far as to say that in these cases one does not marry the man or the woman but the mother or father. Often rather than a disagreable mother-in-law there is the blessed mother-in-law for whom one has always been looking because his own mother had so many shortcomings. The promise of social proximity to the beloved may be transferred onto another member of the family orbit in which one moves because of the marriage. If this person does not turn out to be suitable for such a satellite relationship, then the disillusionment may be so great that the marriage partnership itself becomes noticeably lacking in genuine feeling, and the problem of readjustment becomes much more difficult than it would be if the disillusionment were related to the partner directly.

Hazardous Marriages

Another problem of importance is that the kind of person who seems to stimulate a love reaction can, unfortunately, be quite unsuitable as a marriage partner; while those whom one's parents, pastor, and marriage counselor might point out as being suitable do not arouse that feeling. In many such cases, the trouble can be located in the child's emotional experiences with his parents. It is a consequence of the mishandling of his expressions of affection. Suppose that a girl gets to be about five or six years old, and has often ridden daddy's knee. Suddenly her father and mother think that she gets too much fun out of it. They get worried and decide that she should not ride on daddy's knee any

more. She may respond to that experience, if it is as badly handled as it seems quite often to be, with the attitude that having a very warm feeling toward a daddy-person is something definitely unacceptable: if one wants to be nice one does not have that sort of feeling. The consequence is that the people she meets later — in college, in business or in social life — who have the qualities which she loved so much in daddy all become people with whom the same blocking of the love feeling takes place. Blocked in those directions, the need for love seeks other avenues for satisfaction. It may take most unexpected turns. A truck driver, a "tough-guy" — any kind of person clearly distinguishable from the "nice" person one meets in acceptable gatherings — may become the object of affection. Such a young person, therefore, will have bothersome, blocked emotions with nice people and be attracted by their opposite.

What should such a girl do? Should she marry anyway, without falling in love? After all, marriage is an institution, and not a place in which you have to have the greatest possible pleasure. Or should one say that you ought to be happy anyway, even if you have to marry somebody far below your class tradition? Actually, the two choices are being made all the time by people facing the problem. There are marriages in which the love feeling is not present. In these there is a certain amount of frustration and a vague, protracted uneasiness that one may meet a person of the undesirable kind who might stir up exciting and forbidden feelings. On the other hand, the girl who does marry a man who is unacceptable in terms of friends, job, and standards is bound to be unhappy. What is true for women, it need hardly be added, is also true in the case of young men.

A lawyer is a common recourse in such cases. His attitude may be, "You certainly made an awful mistake. You can't really be happy with him. This really looks like a divorce case." All right, he helps her then to end her marriage. Six months later she falls in love with the same kind of man, or the man falls in love with the same kind of undesirable girl all over again. The kind of man or woman with whom one falls in love, then, is determined in part by one's early experiences with parents.

The image of a desirable mate is also affected for some young people by the romantic ideal personified in the movies, in night clubs, in the tough, aggressive fellow, or in a challenging dancer. This may happen if one is caught at a period of development in which he is especially susceptible to such influences. He will continue to have unrealistic love wishes, and will not be satisfied with the mate he ought to choose. Some people remain single under these circumstances, but a good many do get married, and those marriages are hazardous ones, because one of the important ingredients in marriage and happiness is missing.

We believe that this area of marriage strains is one of the most hopeful for counseling and psychiatric help. Retracing the experiences which lead to the connection of a certain image with a specific response may

well lead to insight into the specific events which started such linkage and may bring about a break in the chain. With such insight a greater variety of possible partnerships develops. They may eventually include the man or woman one will choose for all the good reasons: being the right person in terms of one's culture, class standards, interests and aesthetic desires. There are, in other words, features of the emotional makeup which are conditioned by early experiences, which are of great importance in deciding who appears desirable and who not, that can be altered by special skills if one knows how to handle such problems.

Division of Management

Children have been considered as blessings in our society, their birth the chief justification for marriage. They can also cause many stresses and strains in marriage.

A childless family is really not quite a family. The children are usually longed for and wished for. The young mother is eager to have a child. Quite often, however, she does not realize that its arrival brings about a change in the equilibrium of the partnership, and that the child might be an intruder who absorbs so much affection from her that the husband grows lonely.

The role distribution between husband and wife comes into clear relief at the time of the child's arrival. In a family, certain functions are usually assigned to the two partners, very often according to the pleasures of the contracting parties. The important thing is that these functions are assigned by agreement, and that they are not switched around all the time. After the child arrives, the functions are usually outlined more clearly than when the young couple was still childless. During that time, there may have been a slight mix-up of functions: the husband usually earns the living, but occasionally the student's wife earns a living too. The girl who has been inclined to manage things before she got married for some time after marriage may need to decide a great many things in running the household. She likes to have access to the purse, to keep the bank account, to pay the bills, and see that everything is done correctly. She rationalizes that if the husband did it, it would be done sloppily. If the husband accepts this arrangement, does not want to be bothered with details, it should prove satisfactory, but only to a certain point. A wife also wants her husband to be the real boss, because in our tradition all good husbands are bosses; so she may, every once-in-a-while, ask her husband why he does not handle the bills and bank account. And the husband, who begrudges this once-in-a-while, does it, but takes the blame for not having fulfilled the function which in the code of our culture he is supposed to have.

It is particularly important that one divide the management of the raising of children. Who makes the decisions when problems arise with

regard to feeding? Is the pediatrician the arbiter, or is there an argument about it? Enforcement of discipline is another important problem. Couples discipline each other all the time as marriage partners; but when there is an extra person, who is the disciplinarian? There is a curious role distribution in some families, in which the mother does the fault-finding because she is home all the time; but she holds out the threat that the husband, as the masculine strong fellow, will come back and wield the rod or its equivalent.

Not having an explicit and clear understanding about the mutual functions and the areas of competence within the marriage is one of the greatest causes of arguments and quarrels. It should be added, however, that arguments and quarrels are very important and necessary ingredients in some marriages. For many individuals, having some place where there is friction and a person with whom one can bicker are important needs; after they have quarreled without going too far, they love each other so much more. It is a curious situation in our culture that such overt expressions of mild hostility are deplored so much. You must always be a good fellow, must always be very polite at social gatherings, avoiding areas of possible disagreement. If you do argue, it must be in the most polite way. So where is a poor fellow to go to have a good argument once in a while? Well, a good marriage is often a wonderful opportunity for that, provided there is no danger that the neighbors may overhear!

Insight Needed

And that leads to a final statement: not all marriages which superficially look unstable, and which seem to make either partner periodically uncomfortable and uneasy, are bad marriages. Consideration of the various factors mentioned, of the meanings which these factors have for the balance of frustration and gratification in each partner, and an analysis of the kind of mastery of which the two partners are capable may lead one to the conclusion that their marriage might be successful, and that one would not want to do anything to discourage them. After the proper kind of counsel they may go back to enjoying themselves, enjoying even their little miseries. Seeing whether or not a marriage is exposed to strains which one should not be asked to accept and whether or not a marriage is breaking under strain are problems which require a considerable amount of insight. It is well that there be places where troubled couples can go, not just for advice about divorce but where it is possible to talk things over in a permissive, tolerant atmosphere. Churches and the increasing number of what we like to call human relations services may be just the places where that can be done. The best marriage in our culture is apt to be a somewhat difficult partnership. The recognition of that fact is the first step in easing the stresses and strains of marriage.

RELIGION AND PSYCHOANALYSIS

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No one of us would be at this conference on religion and psychiatry if we believed that religion and psychoanalysis as we understand them were completely irreconcilable. We are assembled for subtler and deeper purposes than wholesale damnation or sanctification of religion or of psychoanalysis. But our topic candidly admits that the issue, as raised by the general public and by some segments of the professions we represent, needs a different kind of consideration from that which it has recently received in the public eye.

Psychoanalysis Criticized in the Name of Religion

We may review some of the most prominent recent attacks on psychoanalysis in the name of religion. Following her conversion to Roman Catholicism, Clare Booth Luce published three articles entitled "The Real Reason" in *McCall's* magazine early in 1947. While asserting that she did not wish to attack the helpfulness of psychoanalysis, the tone of her treatment may be gathered from this sentence, "Above all, the profoundest mischief of the analyst is the notion he has spread abroad that God is a cowardly concept man invented to keep from giving himself that final pull at his bootstraps which will land him in the millenium." Mrs. Luce's conversion to Roman Catholicism was in large measure through Msgr. Fulton J. Sheen.

During Lent in 1947 Msgr. Sheen, preaching at St. Patrick's Cathedral in New York, was reported in the *New York Times* and *New York Herald-Tribune* as having attacked psychoanalysis on religious and moral grounds. Apparently the text of the sermon was not released to the press. Numerous protests were then made, by psychoanalysts and psychiatrists, and by at least one group of Protestant clergy in New York.

In June of 1947 *Cosmopolitan* magazine published two articles on psychoanalysis and religion. That by Gretta Palmer admitted that psy-

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chiatry was all right but suggested that psychoanalysis was against God. The companion article, by Howard Whitman, asserted that there is no basic contradiction of any kind, and quoted many Protestant leaders to that effect. The Palmer article relied heavily on quotations from Rudolf Allers, Roman Catholic psychiatrist. Soon after the publication of these two articles, the Palmer article (minus the author's name) was sent by the magazine's publicity department to a considerable number of Protestant clergy (perhaps to others as well) asking for comment. The reasons for sending the Palmer article, omitting the author's name, and for not including the Whitman article, are far from clear.

In July of that year Sheen made a public statement, involving substantially the same points Gretta Palmer had made in her article. He said he had been misquoted, that he had not criticized psychiatry but only "Freudianism" (*New York Herald-Tribune*, July 21, 1947). He wrote, "I did not make any criticism of psychiatry or of the psychoanalytic method in general," the latter statement being different from the previous report or from the Palmer article. In this statement Sheen mentioned Jung, Adler and Allers favorably.

Later in the year the Group for the Advancement of Psychiatry made a statement concerning psychiatry and religion, in which it stated that there is nothing incompatible between religion and psychiatry, and indicated that psychiatry has a sense of social responsibility and is in some measure concerned with social ethics. Psychoanalysis was mentioned as a "method of psychiatry."

Rudolf Allers has long been the most comprehensive attacker of psychoanalysis on religious grounds, especially in *The Successful Error* (Sheed and Ward, 1940). Allers not only condemns Freudian theory from beginning to end, but believes that the practice and therapeutic method are so intimately bound to the theory that they are equally dangerous. Karen Horney is mentioned by Allers not unfavorably, but he apparently considers her claim to being a psychoanalyst as ridiculous, since she made alterations in Freudian theory and Freudian practice.

The purpose of these remarks is not to comment on Roman Catholicism. It is rather: (1) to suggest the broadside type of criticism of psychoanalysis in the name of religion which is actually strong and current and not solely among Roman Catholics and (2) to make sure we do not overlook the obvious and (3) to help insure that, in any deeper understanding we achieve concerning the relations of religion to psychoanalysis, we shall include consideration of how to combat the extreme propaganda.

We do well to note certain assumptions behind the Sheen type of criticism. He finally says it is "Freudianism" he is against, not "the psychoanalytic method in general." But we know that what is meant by this last is non-condemnation of Jung, Adler, Horney, and others because, presumably, they have thrown Freudianism overboard. This is

tantamount to saying that any deviation of any kind from original Freudianism in theory or practice is equal to any other deviation, that any change in interpretation means that the result is not real Freudianism and hence not psychoanalysis though it may still embody "the psychoanalytic method in general." It is remarkable how, seen in such a light, this type of criticism compares with the Roman Catholic attitude toward Protestantism, except in reverse. From this point of view, if Freudianism is reinterpreted, either in the light of new knowledge or of a different social philosophy, then it can not be real Freudianism. It would be more disturbing to accept the fact that some interpretations could change while a great debt was still paid to Freud than it would be to imply that the slightest deviation from the original is an equal mark of lack of orthodoxy and hence undeserving of the term psychoanalysis.

Religion Criticized in the Name of Psychoanalysis

As we have looked initially at the public criticism of psychoanalysis in the name of religion, we may look at the public criticism of religion in the name of psychoanalysis though more briefly. In the earlier years of the analytic movement this tended to be comprehensive but naive. Its main method was a consideration of the psychological origins of religion, a kind of muck-raking procedure with a reductionist philosophy attached. When Freud himself wrote of religion, he selected for criticism many of the same things which progressive religionists were suspicious about; but in his assumption that what he was dealing with was religion generically, he was naturally interpreted as being anti-religious. As psychoanalysts have become better oriented sociologically, their criticisms of religion have become more discriminating and less naive. But the legacy of the earlier reductionist criticism does still linger on, and can hardly be considered helpful.

Change Among Psychoanalysts and Clergy

In considering the relation of religion to psychoanalysis, it is more than a quip to ask: What religion and what psychoanalysis? The clergyman and the psychoanalyst would be coordinates, but religion and psychoanalysis are not. Psychoanalysis is a professional practice: it may be considered to have a theory related to that practice and theoretical implications beyond its practice; but it was not itself created as a philosophy of life or a ground for human fellowship. Religion on the other hand may or may not have a professional practice, but is always concerned with what it conceives to be an ultimate dimension of human experience, and it always involves fellowship in some way, and a philosophy of living. These distinctions may help as we proceed.

In line with the British Medical Association, we may first simplify our problem tentatively by stating that psychoanalysis does stem from

Freud, and that some other term should be applied to those who, whatever their theory and practice, deny such an historical connection. This is not an ultimate solution to the problem of whether Jung, Rank and many others who broke with Freud years ago should be considered psychoanalysts. But it does enable us to start with those who are more professedly in the Freudian stream of development.

In this country we have several different groups or sects of psychoanalysts, all of whom consider themselves as fundamentally within the Freudian tradition, but who hold important distinctions among themselves as to what this means. These differences relate both to practice and theory. So far as I can discover, however, even the groups which believe themselves to be most orthodox, closest to what Freud "really meant," have made very considerable adaptations or selections from what Freud himself did and said. Here are some of the things in which some changes appear to have taken place in all psychoanalysts in this country: (1) at least some assimilation of sociological and cultural anthropological knowledge, mostly developed in the past 25 years; (2) differences in understanding the psychological development of women; (3) at least a less naive biological materialism even if some form of materialism persists; (4) at least a minimum increase in philosophical sophistication, and some increase in the sense of the relevance of psychoanalytic theory to philosophy; (5) at least some changes in therapeutic practice, however slight; (6) more concern with the Ego.

If there has been some change in all psychoanalysts, therefore, the mere fact of some changed interpretations from Freud can hardly be a ground of excommunication, except on the basis of the same kind of motivation that religious bodies have sometimes used in practicing excommunication. Certainly forces are present which go far beyond a therapeutic method. One suspects there may be in some psychoanalysts a defense-of-the-faith motive not unlike Sheen's view of religion, in which a slight alteration appears as serious as a complete repudiation.

At the same time that there have been changes in interpretation by psychoanalysts, so there have been changes in their opposite numbers of the clergy. It should not be forgotten that the first widely popularized exposition of healthiness and unhealthiness as religious criteria came from William James at the turn of the century, even though it was not until the dynamics of psychoanalysis appeared that the content came to be filled in satisfactorily. We have had clinical study in religion for nearly twenty-five years; and the professional religious educators were talking about a wholistic view of the relation of religion to personality in the same year in which Freud made his first visit to the United States. The practice of pastoral help to individuals and families has at least begun to change quite considerably. Most of the leading Protestant and Jewish theologians are as anti-moralistic or anti-legalistic as any psychoanalyst, and equally cognizant that such a view runs against the mores of Amer-

ican society and is rife through the churches and synagogues. In other words, whether admitted or not, there have been very considerable modifications in the professional aspects of religious ministration, and this means at least some change in religion itself.

I once had an exchange of correspondence with a distinguished psychoanalyst in which I questioned him for having expressed appreciation that a few clergy like myself were alert to the kind of thing psychoanalysis was discovering. Admitting that most clergy still had only a rudimentary understanding of such knowledge, I said that nevertheless I did not like to be praised for being different from my colleagues on things which seemed to me essential for them to have if they were to do a good job, and on which a larger number were being educated year by year. In reverse, I would think it a misplaced compliment to express appreciation to psychoanalysts for including religion as one of the facts of life, as if the fact that perhaps only a minority have attained that view were something setting them apart in a sense deserving thanks. Many have still had opportunity, no doubt, to see religion only in its less healthy forms and interpretations. Those who have been more fortunate need praise no more than do the clergy who have experienced some psychoanalytic eye-opening through clinical training, personal therapy or in other ways.

Attitude Toward Saints

If it were possible for some observer to be completely outside the influence of both religion and psychoanalysis, he might be impressed with three things which they often have in common, and which neither likes to look at in these terms. First, both groups have a tendency to minimize any differences with their founders or saints, even when candor compels them to confess that such differences do exist. The amount of Christian writing which looks at Jesus without discrimination, which attributes to him every conceivable virtue as we conceive virtue and which succeeds therefore only in making him in the image of our dreams, is considerable. Not only does it distort Jesus as an historical person and as the Christ of faith, but it puts on blinders so that we become sensitive only to a particular order of truth and tend to exclude other orders. This has gone on for so long in reference to Jesus that we know about it.

Something quite similar appears, however, to be taking place about Freud. I have just read a new English volume entitled *Freud and Christianity* by R. S. Lee, an Angelican clergyman, in which some excellent things are said about the contributions of psychoanalysis to the understanding of religion, especially the purging of neurotic components. But the author feels it as necessary to accept Freud's views on the psychology of women and his biologistic instinct theories as his concept of the unconscious. It is not a simple projective process of reading into Freud what he wants to find there. It is rather that, having recognized

the enormous contribution of Freud at some point or points, then everything Freud said has to be considered as having equal validity if one really understands it. This despite our knowledge that Freud knew biology much better than sociology, that he knew more about men than women, etc.

Even in Erich Fromm's remarkable book, *Man for Himself*, there is an attitude toward Freud, even on points which Fromm believes merit correction, which goes beyond the acknowledgment of an historic contribution. There is a marked difference, for example, between attitude to Freud on points of disagreement, and attitude to some religious or philosophical leader. It is as if Freud has the right to be understood when he is proved to have made mistakes, while others do not.

Capacity to be discriminating about one's own saints may be the proof that one has got beyond a mere cult level. It is more than that. In an interdependent world undergoing a tremendous failure of nerve, the outcome of which is still undetermined, it is desperately and seriously important that the two greatest potential healers of the spirit not vilify each other through failure to understand each other's ancestors. We have got past the point of thinking it an improvement to blame the parents instead of the child in cases of juvenile delinquency; and are trying to understand parents as well as child. To know that both clergy and psychoanalysts are prone to have stereotyped attitudes toward their respective saints, even where there is disagreement on specific points, should itself go a long way to create the atmosphere in which we can each be interested in understanding the antecedents of the other fellow as well as the fellow himself, and not damn him faintly by showing up his ancestors. Medicine would be in as sorry a state as would pastoral care if it were judged solely by its technical ancient history.

Attitude Toward Experience

The second thing which clergy and psychoanalysts seem to have in common and which neither likes to admit could be put into a slogan: "You must experience it to know." One can not really comprehend a religion until he sees and feels it from the inside, and it takes various things including time to feel it from the inside. No amount of intellectual knowledge of psychoanalysis can tell one the real process of liberation through the practice. We must experience it to know. At both places there is a great deal of truth in this point. One who interprets objectivity in terms of detachment will never really feel what either religion or psychoanalysis is about. And yet some of the worst abuses ever made in the name of religion have been under the guise that, since the experience was all-important, one was justified in any means to get people to have the experience.

Psychoanalysis has not been innocent of power politics of the soul in this last sense. Probably no one ever went to a psychoanalyst only

because of a sophisticated type of social pressure in which this was the thing to do, who did not also at the same time have bothersome things he could not handle in his own life. But the fundamentally sound idea that one needs to experience it to know has sometimes been permitted to play into a general guilt and inadequacy predisposition without being explicitly disclaimed, with the result that not a few patients who come to analysis have had their inherent authoritarian expectations of it reinforced rather than challenged.

"You must experience it to know" may be the slogan for a vital truth in both religion and analysis, or it may be the shiny side of the coin whose reverse is obscurantist or exploitative or irrational. Again, some understanding of this fact should help the professional practitioners of both.

Attitude Toward Social Function

The third of these common facts so unpleasant to swallow is that, to some extent, we are both on the defensive, not so much against each other as against aspects of the culture. Must analytic practitioners be physicians? Must clergy be men? Why have we had no reports of analytic practice which gave representative exact accounts of what took place between therapist and patient, and instead have had only summaries in the words and thought patterns of the analyst? Why did the church of Galileo's time persecute him though its leaders knew that the truth of his theories would not really affect religious truth?

There is of course a sense in which psychoanalysis and religion must, if each is to maintain its own soul, stand against the world. Both look deeper than the mores. Both provide avenues for finding a perspective from which the impinging pressures of life may be viewed instead of being submissively followed or blindly rejected. In that sense being defensive is a part of the reality situation. But this does not account for the phenomenon that, when a psychoanalyst makes a favorable comment about, let us say, religion or family life or free enterprise, even he is likely to be caught in the net if pulpits and school offices and editorial sancta say resoundingly that at last science has caught up with religion or whatever it may be. Nor does it account for the fact that half the religious books published in the past fifteen years have quoted a statement of Jung to the effect that none of his older patients have got well unless they got what religion has always tried to help people to get (*Modern Man in Search of a Soul*, p. 364). Nine times out of ten it is used as if it meant, "Even psychoanalysis recognizes that religion has everything." Why do clergy feel they need such reinforcement? Or why do psychoanalysts in the United States feel that they need medical reinforcement even if privately questioning some of the arguments for this?

The point need not be labored. It is that, because both religion and psychoanalysis bring a real threat to certain established mores and ways

of thinking and feeling, both must in fact and reality do some defense of themselves, but also that neither has been entirely able to understand and handle irrational or non-useful types of defensive attitude which the "minority-group-consciousness" has tended to create. Understandable in origin when we think of it, this kind of defensive attitude is, as we know, never effective in interpreting something to people whose judgments, in a democracy, we trust if they are informed both intellectually and emotionally. It is true that both groups often appear to overstate their case publicly. But this would appear to be an outgrowth of insufficient understanding of the development of irrational and non-useful attitudes when they are not individual phenomena but are characteristic of a group to which one gives a major loyalty. Understanding of this process should in itself help to make both groups more discriminatingly affirmative in self-interpretation.

Science and Revelation

This defensiveness, though common to religion and psychoanalysis, at particular points threatens mutual understanding on the part of practitioners, perhaps most acutely at the point of the analytic self-identification with science and the religious self-identification with revealed truth. As I understand science, it is a method of reflective thinking, hypothesis, systematic observation, tentative conclusions, further testing, more reflective thinking, altered hypothesis, and so on. Methods can therefore never be judged out of context. But the whole enterprise presupposes something besides itself, whether it be a sheer interest in truth or the attempt to validate prejudices or something else. That is, the something else is not necessarily good or bad, but it does partake of the nature of value. Psychoanalysis can not wholly be subsumed under the category of science, if its practitioners are practitioners and not merely researchers. Psychoanalysis was born in the clinic, not in the laboratory. The issues of life and death have been in it from the beginning. To assert that it is based upon particular values does not deny that the understanding of those values may be changed by experience; it merely says it could not operate out of a fairly specific order of values. And yet, in the face of this, why is it so often touched to the quick when charged by, let us say, the statistical variety of psychologist, with being unscientific? Instead of a clear statement of what science means in this context, and an accompanying statement that neutrality to the issues of life and death is not claimed by analysis, it has sometimes merely damned any other type of attempt to understand the human psyche.

Religion, on the other hand, has often done something similar in relation to revealed truth. As I understand the generic religious meaning of revealed truth, it is something like this. First, some orders of truth are vastly more important and valuable to human life than others, and we should not be misled by a mere extension of knowledge into neglecting those orders of truth which are fundamental. Second, there are types of

experience and understanding of experience, and even moments and persons and communications in human history, which give such a deep clue to the fundamental orders of value that they are milestones on the long road to truth and value which each man and generation must travel for itself.

We are not here concerned with those who think of revelation merely as some special medium of communication, though one can hardly say human culture has outgrown them. There is a more subtle and dangerous misuse which can be made of revealed truth. Since its order deals with values in the human psyche and human society, and in the ground of its existence and possibility, not much of a step is required to move to a sense of special proprietorship of anything that claims to deal with the human soul and also claims to be important. Some theologians are still equating the Christian conception of the soul, for example, with a psychology whose static character Freud has put forever out of the realm of truth.

If psychoanalysis lays claims to the prestige of science without defining accurately the sense in which it is both scientific and beyond science, and if religious practitioners claim the prestige of special insight about which truth is most important without admitting that the channels by which they approach that truth need constant dredging by such other orders of truth as the psychological — then the defensiveness of both may drive each away from the other. On the other hand, an understanding of the realistic way in which both are against the world and the existing order may help bring them into the kind of working relationship which can do more healing and more saving.

For an introduction to the final point, we may recall Rudolf Allers' assertion that the theory and practice of psychoanalysis were inseparable. Some theologians, reading Freud or reading about him, have said they could not accept Freudian philosophy but have been for psychoanalytic method as developed by Freud. Can this be an answer for religionists? It would seem that Allers has a point. If a practice, whatever it has achieved in terms of therapeutic results, becomes so fixed that it is not in fact open to change or to consideration of needs with which it has not thus far been successful, then it is a foregone conclusion that its theory probably partakes of an equal degree of premature crystallization.

Ecumenical Directions

As a proponent of psychoanalysis in theory and practice, and a discriminating appreciator of Freud, I am distressed by certain things in the psychoanalytic movement at present. The organization of different groups to work along certain lines is not in itself a bad sign, any more than would a series of research projects be in which the hypotheses were somewhat different. The net result might well be richer. The loss to the

world comes rather out of the assumption that somewhat different convictions imply, if not hostility, at least the absence of effort to cultivate mutual understanding of differences. What seems to be needed is a psychoanalytic ecumenical movement — not one organization demanding uniformity, but specific channels for common discussion and common action where convictions and practices coincide and within the framework of which real differences based on ultra-scientific factors can be explored. There appear to be some signs of it, but the tirades against Franz Alexander's volume on *Psychoanalytic Therapy* leave the layman doubtful.

Protestantism has been working in an ecumenical direction for some years past. There is increasing cooperation at points recognized to be held in common, without the threat of a super-engulfing and standardizing body of some kind on top. The continuance and active seeking of fellowship, in a setting in which the definition of differences is as important as the identification of agreements, brings more results than are anticipated. There is a self-affirmative tone in its process, in that one body's security is not threatened by the fact of some differences in others nor does it need to be bolstered by uniform agreement with others. One may say, not without truth, that such a movement did not gain strength until the enemies of these religions became stronger and more difficult to fight, and that is true. But psychoanalysis, to achieve many of its aims, fights the same enemies: the stereotyping of human life, the engulfing of the individual, the loss of a sense of meaning in life, and others.

Our religious house is far from being in order. Further, large sections of institutionalized religion across the world proceed on the assumption that he who is not a hundred per cent with them is entirely against them. At the same time, some of us religionists look at psychoanalysis and marvel: here, for the first time in human history, it becomes possible for people to see themselves as they really are, their potentialities as well as their illusions, their ideals as well as their drives. It can be the midwife to life or the pallbearer to death in a sense which no other tool in human history has approached. It is capable of refining our understanding of ourselves and our society in a way which transcends the wildest claim. True, it has few practitioners, but it is learning to extend itself beyond the therapeutic chamber.

It is, then, my understanding and belief in the tremendous positive significance of psychoanalysis that makes me troubled over the "unhappy divisions." The key word is not divisions but unhappy. A division may well be fruitful and productive. But if it is assumed necessarily to imply hostility, to inhibit fellowship, to encourage cultism of any kind, whatever its content, without an ecumenical movement, then it defeats its own purposes. Public interpretation is not a secondary matter in a democratic society; and an absence of ecumenicity is publicly interpreted as hostility. This is mitigated to some extent by association in

psychiatric societies and other groups; but it can not be sufficient to have merely medicine or psychiatry provide an over-all framework. Psychoanalysis will not so easily as that work its way into those particular mores.

The clergy will probably, as a group, think just a little more sympathetically of psychoanalysis than does the general public. They will be attentive to observations of therapeutic results, and to statements on theory affecting values — but perhaps nothing would do more to convince them about psychoanalysis than an exhibition of ecumenical theory and practice within a group setting.

Religion deals with the whole of life, and sees it in a serious and ultimate dimension. Psychoanalysis has already made enormous contributions to our understanding of those powers and processes upon which the creativity and productivity of human life are dependent. It can discover and teach much more, and it can save souls in the process. At the same time it can lose this capacity if it tries to become a philosophy of life, even such a philosophy as says that a philosophy of life is a purely relative and individual matter. It need not do so.

Psychoanalysis deals with a tremendous range of the individual's life, which it sees in a dynamic dimension. It endeavors to set the individual free to be in fact what he is in possibility. Religion, at least in Erich Fromm's generic sense of "frames of orientation and devotion," can contribute an order of insights which is valuable, and can provide channels for the dissemination of psychoanalytic insights which are fundamental to the realization of analytic aims in a social setting. And just as a psychoanalysis can contribute to religious practitioners, so a proper understanding and practice in the religious dimension can contribute to psychoanalytic practitioners.

PSYCHIATRY AND SIN

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THE psychiatrist is against sin, but not against the sinner, just as a physician fights against an illness, but not against the patient. There are some prejudices, particularly in church circles, in which people assume that the psychiatrist tries to explain sin away. One cannot explain sin away, just as one cannot explain appendicitis or pneumonia away. One has to diagnose it, one has to understand it, and one has to treat it.

There may be a great deal of superficial difference in terminology between the theologian and the psychiatrist. Patients from all walks of life come to the physician and to the psychiatrist: Christians, Jews, atheists — believers and non-believers of all shades and colors. The psychiatrist has to talk with everybody in his own language. One of his patients complains about his sense of sin. Another complains about his feelings of inferiority, or inadequacy, of maladjustment or immaturity. Last year, when I participated in a case seminar with ministers, I found that a psychiatrist and a theologian can arrive at mutual understanding and overcome the barrier of semantics.

From the viewpoint of psychiatry, sin is a psychogenic illness. Psychogenic illnesses are very widespread. Fifty per cent of the hospitals in the United States are occupied by mental patients. The general practitioner tells us that more than 60 percent of the patients who come to him are really suffering not from organic but from psychogenic illnesses.

Let me give you some rough classifications. There are, for instance, the so-called psychosomatic disorders, like stomach ulcers, hypertension, migraine headache, sexual dysfunctions, asthma, skin diseases of psychogenic origin, and so on. These are all based on inner conflicts that are repressed from the daylight of consciousness and can only be treated if the unconscious conflict can be brought into the open.

An address to the Clyde Kelly Class, Chevy Chase Presbyterian Church, Washington, D. C., May 14, 1950.

Another class of patients comes to the physician with frank emotional disturbances, with feelings of despondency and depression, having irrational fears of high places or of open places, or closed rooms, of impending doom, or insanity, of dirt, and so on. When we investigate, we find that what the patient complains of is not what he is really afraid of deep down in his unconscious. There are conflicts in him that can be solved only if he learns to understand more about them. He tries to fight off his inner fears with magical gestures like hand-washing rituals and compulsive praying (which is not the right praying), but without success.

There is a third group of patients who come to the psychiatrist with complaints about conflicts with their fellow creatures. In this group the inner conflicts are externalized. There are marital partners who feel that their marriage is at the breaking point, parents who do not know how to handle children, children who do not know how to get along with their parents, bosses who bicker with their employees, and vice versa.

Occasionally a patient who complains about such conflicts attributes them to what he calls "my sinfulness." The psychiatrist cannot accept such a self-diagnosis on its face value. He has to go into the whole complexity of the feeling of unworthiness, or sense of sin.

In the last decades, psychiatry has found a tool for examination and treatment of psychogenic illness. That tool is psychoanalysis, which elucidates the unconscious bases of deeper motivations and of the conflicts in the human soul. This instrument, though far from perfect and still much in need of further refinement, is comparable to the microscope, which has brought us so much progress in the field of medicine.

In order to be able to use this psychological microscope, the young psychiatrist has to learn by a long and hard apprenticeship how to suspend his moral judgment; if he immediately jumps at the patient with blame about sin, he will alienate him. Either the patient cowers in feelings of self-defeat and self-accusation, without any insight, or he rises belligerently to his own defense, or he turns away completely. It is really an atmosphere of fear which is raised by accusation and blame. The doctor becomes afraid, as well as the patient. Both are isolated from each other, and there is no constructive way towards insight.

One common denominator of sinfulness and psychogenic illness is isolation. The worst mental illnesses are confined to mental hospitals and the worst forms of crimes to penitentiaries. In the milder cases of psychogenic illness as well, a human being feels partially isolated from his fellows, and therewith from God. Psychogenic illness and sinfulness represent an estrangement from the great binding energy that maintains personal integrity as well as the integration of a human being with his fellow creatures. This great binding energy is love.

I am here reminded of something Dostoievski wrote. In one of his novels he said: "What is hell? Hell is our grief that we are no longer

able to love." And this is not only the hell in the hereafter. This is the hell in ourselves, whether we call it "sinfulness" or "psychogenic illness."

A second common denominator of sinfulness and psychogenic illness is their compulsive character. Probably some of you have watched the struggles of an alcoholic who tries to get rid of his self-destructive habit. He has the best intentions, uses all his will power, and yet he fails. The reason for his failing is that alcohol is a defense against his inner fears, unconscious fears. If they were conscious, he could deal with them, but as long as they remain in his unconscious, he is helpless. He therefore reaches out for the drug that appeases his anxiety.

The psychiatrist knows as well as the theologian that any symptomatic treatment does not really get at the root of the evil. I think that the root of the evil is fear and anxiety. Symptomatic treatment is covering over, patching things up, and it remains ineffective, just as you cannot fight infection by giving aspirin and holding the fever down. Therefore, religious persons of all times have told us that the sinner has to come towards an inward turning point in his development. That is what the psychoanalyst is striving for, too. We call it insight: not a verbal insight, not a superficial acknowledgment ("Yes, yes, I'm a sinner; it's all right; don't accuse me any longer"), but a real, deep experience of insight which gives the possibility of turning around and giving one's energy another direction.

A third common denominator of sin and psychogenic illness is the fact that both produce guilt feelings and shame. Whether a person is religious or not, no one can bear a social or antisocial impulse in himself in the long run. Therefore, he tries to repress them — to get them out of the light of consciousness, to cover them over with rationalizing justifications. We are all capable of a great amount of self-deception in that respect, more even than deception of others. So conscience, though the universal judge, is not a dependable one.

For example, literal obedience toward religious or moral commandments may go together with a hypocritical self-righteousness which really isolates a person. It is hard to live with a person who tortures you with his insincere overkindness. The person who is always advertising his own virtues puts his partner constantly in the wrong. On the other hand, some people think that the hard-boiled, brazen sinner does not suffer because of guilt feelings. I am convinced he suffers terribly. He is not always aware of it. Again, because it is repressed into the unconscious. He may confess his wrongdoings in a defiant, cynical manner, but then he uses a lot of rationalizations and justifications for himself — "Oh, the others are worse than I," or, "It's not all my fault. No one has ever understood me, no one loves me." The so-called brazen and defiant sinner may even welcome punishment, may even try to be punished because punishment relieves the feeling of guilt, and guilt is a very painful experience. On the other hand, guilt increases this person's isolation

from his fellows, gives further fuel to his resentment and bitterness. So the brazen, defiant sinner has some similarity with the prodigal son. He is yearning for reconciliation, but it is deeply repressed and covered over with despair.

I said that conscience is not a reliable judge. There are many people who accuse themselves in a false way. The police courts are full of records of people who accuse themselves of crimes they have never committed. The wards of mental hospitals are full of patients who confess sins they have never committed. I think every minister knows some people in his parish who are overscrupulous and pester him with a longing for confession and reconciliation. An example of a misled conscience was a young professional man who came to me, in a state of panic, for consultation. He was trembling all over, covered with cold perspiration, and told me he was hounded by the idea that he had to kill his wife. They had a very close relationship. He was a very friendly fellow and a very good provider, a tender and affectionate father, who was well liked by everybody. When he went into his life history, he told me that he had been brought up by a mother who was very pious and very self-righteous and insisted that her son had to be a paragon of virtues. The son, very dependent, and remaining so, tried everything to please his mother. His mother was not harsh, but he had to please her. He had to conform to her whims. He had to be home on the minute. He could never have a spot on his suit. He was not allowed to play with other children, for they were beneath him. He was very lonely, and took refuge in daydreams. Though he clung to his mother, who tried to protect him against the world, he really had no confidence in her. He could not really tell her how he felt, how lonely he was, how timid and shy. Thus he had great difficulty in approaching girls when he came to the age of dating. When he found a bride, he did not dare to present her to his mother because she would not be good enough for mother. And sure enough, she was not! It was interesting that the wife he married was not much different from his mother; at least, he related to her in the same way he had related to his mother. He was conforming, compliant, did everything she wanted, tried to make her happy. And she was very sure of herself. The whole world was out of step except herself, and she definitely wanted what she wanted when she wanted it.

This man was not convinced at all that he had any resentments or even criticisms either of his mother or of his wife. He thought they were perfectly all right, but he was a sinner.

When he got at the repressed resentments and feelings of bitterness that he had toward both these women, who had really thwarted his development, he became more capable of asserting himself, and developed the courage of his own convictions. He even dared to contradict his wife! And his wife liked it! She became less rigid, and the marriage improved as he got this accumulated resentment of the past out of his system. The terribly tormenting thoughts of bloody murder disappeared.

This example shows that the conscience is not a reliable judge. Why is that so? Our conscience has its origin way back in childhood, before the age of reason, or rational thinking. The human infant is very dependent from the start, and remains decreasingly dependent during the first two decades, on parental guidance. The parents and later on the teachers are mediators between the child and the ethical and religious values of our culture. Parental approval and disapproval are the guiding posts. Every child wants to be loved. Every child fears rejection, desertion, and abandonment. Therefore, the child automatically conforms, even before there is any rational understanding. Before the level of verbal communication the baby recognizes, from a frown on mother's face which overshadows a former smile, from the slightly higher pitched voice, that he has done something wrong — perhaps he has thrown his bottle out of the crib — and now he feels, "Mother doesn't love me any more. She is angry with me, and I am bad." Automatically the baby directs all his efforts toward reconciliation.

The human child in his helplessness needs an abundance of parental love for his healthy development. It is not enough that he get obligatory calories and dutiful nursing care. We find that infants who grow up in the impersonal care of an institution often become very listless. The child needs to be wanted, to be welcome. The need to receive tenderness fits into the mother's need to give tenderness, and this mutuality creates that harmonious serenity for which human beings are forever longing. This is what we call a good conscience.

There is no child-rearing without anxiety. One cannot grow up only in the sunshine of love. The child has to learn to assert himself, to meet challenging dangers, and he has to experience opposition to parental authority. He may even have temper tantrums, but they must be followed by reconciliation — reestablishment of the peace of the good conscience — and mature parents know the right doses of approval and disapproval in the guidance of the child. Frequently, however, there are parents who, through no fault of their own, are incapacitated in their ability to give their child the security of abundant love. They may be incapacitated by their own neurotic illness, by worries, conflicts or a too-egocentric orientation. Such handicapped parents leave the child in a state of loneliness and emotional isolation. The lonely child becomes afraid, feels helpless. He feels he is not loved. Something is wrong with him. Thus the child comes to feel guilty and insecure. Very frequently, guilt feelings precede sinful behavior.

One starts to feel guilty, ostracized, and personally unworthy. As a consequence one finds oneself compelled to actions or behavior that we call sin. A child who is overburdened with anxiety, loneliness, or helplessness cannot develop mental stability. The overanxious child may become a hypocritical conformer, overobedient, overdependent, as described above — a goody-goody, a sissy who tries to please. But such

a person who conforms hypocritically does not feel convinced that he has a good conscience. The overanxious, isolated child may become very openly rebellious, belligerent, and try to get out of his anxiety state by using offense as the best defense. Or he may accumulate feelings of hate and vindictiveness that are more or less repressed and concealed. Or the overanxious, lonely child may withdraw into day dreams, where he has cheap victories being better than everybody else.

All these experiences of isolation and guilt make a child egocentric, incapable of sharing with others, and drive him prematurely out of the paradise of childhood security. The discontented and distrustful child cannot learn to be a fellow with others. Therefore, he necessarily cannot come to a spontaneous fellowship with God either.

He develops envy and jealousy in relation to his brothers and sisters. He is a bad sport, a poor loser, and withdraws from competition into the solitary daydreams of a magic world. The overanxious child frequently develops precocious, overheated sexual interests, or even perverse inclinations. They are a substitute for the affection and tenderness lacking in the family relation. Of course, sexual deviations make a child feel even more guilty, and he hides his so-called sins from the disapproval of his parents and even from the disapproval of his own conscience. As a result the conscience has to become very cruel and rigid in order to keep the lid on these condemned impulses. It is not possible, however, to learn to tame and to control impulses that are separated from consciousness. They are a constant source of danger and make a human being very insecure in his behavior. Thus the person who is suffering from neurotic illness is his own worst enemy. He frequently antagonizes those in authority by his wrongdoings, primarily in order to alleviate his conscience by the punishment that he provokes.

Such distorted, pathological patterns of relationships grow out of anxiety and fear, and such defenses against anxiety and fear are rigid and therefore difficult to change. They are inaccessible to will power and good intentions. I do not want to give you too pessimistic a picture. You can be sure that there are the possibilities of spontaneous recovery on each level of development, without the help of psychiatry.

I think that love is the best cure for isolation. The only trouble is that one cannot force someone to love. One cannot even force love on someone who is unable to receive it; if you show love toward a person who feels very guilty, he feels, "No, I don't deserve that. I can't accept it." We have first to overcome the barriers that separate us from the spontaneous source of understanding, which is love. A patient who has built up these barriers of distrust against us, or of distrust of himself, has first to get rid of these barriers.

He frequently does not dare to love, because he is like a child who draws away from the fire. He wants very badly to love, but does not

know how to go about it. These barriers can be overcome. In serious cases, the patient needs the help of the psychiatrist, because there is such a flood of repressed, negative feelings dammed up behind his defenses. He needs an outpouring of repressed hatred, resentment, and vindictiveness, in order to free himself. After such liberation, he will find the way open to spontaneous, unforced expression of all the resources of the human soul that we find in faith, trust and love.

THE CHURCH'S MINISTRY TO THE PHYSICALLY ILL

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I

Illness presents unusual opportunities to consider the spiritual needs of the patient, who is stripped of many of the interests that normally absorb his time and energy. As an older person said recently during her convalescence following a stroke, "My religion seems to be all that I have to count on."

In the hospital there is time to look back over the past, to rethink the present, and to make plans for the future. It is now possible through the use of sedation and anesthesia to keep physical pain at a minimum; but usually the illness, rather than lessening the pain of the spirit, brings it out more clearly. There is as yet no hypodermic which can be injected into a man's soul to relieve the pain of his grief over the recent loss of a loved one. If he is to find relief from this kind of pain, he must have someone who can sit down beside him and listen carefully to him as he talks, not of his physical symptoms but of the things that are of concern to his spirit: the meaning of his illness; his griefs, guilts, fears, anxieties, grudges, hopes, convictions; his relationships in his family, in his work, and in his church.

In an editorial in *The Modern Hospital*, July, 1946, there appears this statement:

"As the knowledge of psychosomatic medicine emerges, the role of hospital attendants in the treatment of illness will grow in importance. It has long been recognized that the emotional tone of medical and nursing staffs and of nonprofessional hospital workers is in some way related to the quality of hospital care. This relationship, as it turns out, is direct and significant; good emotional tone is an essential of good hospital care, not just an added frill. If the hospital provides a favorable psychic environment, the patient's recovery is aided; if the environment is unfavorable, it is retarded."

The editorial goes on to suggest that the hospital worker who is of an unhappy spirit may not only upset his patients but even make them

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sicker. Both the spirit of the patient and the spirit of those who care for him are of concern to the church.

Some time ago a patient came into the hospital with a broken leg. He was operated on but the leg did not heal, and there was an infection in the ankle bone which persisted for months. The ankle was drained repeatedly, but there was little improvement. This man — strong, independent, capable — now had to depend upon others; his family suffered from his inability to provide for them, and he became moody, discouraged, self-condemnatory. It was equally important to save his ankle bone and to save his self-respect, his sense of responsibility, his faith in himself and in God.

Dr. Leland E. Hinsie says, in *The Person in the Body:*[1]

"Within recent years it has been generally recognized that a very fair proportion of bodily disturbances is due to the moods, the emotions of the individual, to the ideas he builds up about himself regarding his body. In some persons the fear of disease is often the only damaging evidence of disease, yet it can be so strong as to disable the person in all his daily activities."

This is not to suggest that the church has responsibility in the treatment of physical illnesses the origin of which lies in the faulty feelings of the patient. That is the physician's work, and he will assume complete responsibility for it. The way the church ministers to the patient's spirit, however, may have effects, good or bad, upon the patient's physical condition. In any case, the goal is improvement of the patient's relation to God, helping him achieve peace of mind, renewed hope, increased confidence in the ultimate outcome, not only of his illness but of his whole struggle to live the good life, using the God-given resources in himself and in the church.

II

One of the most common responses in illness is that of grief, either as a result of bereavement or as "anticipatory grief." The latter is a term used by Dr. Erich Lindemann, who has written a descriptive account of some of the dynamics of grief in a paper presented to the American Psychiatric Association in 1944. In his paper Dr. Lindemann says:

"We were at first surprised to find genuine grief reactions in patients who had not experienced a bereavement but who had experienced separation, for instance, with the departure of a member of the family into the armed forces. Separation in this case is not due to death but is under the threat of death."[2]

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[1] W. W. Norton & Co., 1945, p. 9.

[2] Quoted from article "Symptomatoloty and Management of Acute Grief." *American Journal of Psychiatry*, Vol. 101, 1944, pp. 141–148.

There are many kinds of grief response — that which follows the loss of a member of the family by illness or fatal accident; that which comes in response to a member's leaving the family circle; that which comes from anticipation of possible death, as with admission to the armed services during wartime; that which is associated with loss of love of husband or wife, though they continue to live with each other. And there is the grief response which is caused by the concern of parents over a child who has got into trouble at school, or in social life, or with the law; and the response which accompanies loss of self-respect, prestige, status, income, or any other part of self or family which is held to be essential for life and well-being.

Mrs. B. was seen after undergoing a minor operation. The nurse described her as melancholy and uncommunicative. The patient said she was glad a pastor had come to see her, and immediately began to give an account of recent happenings. She said she had been unable to go to church during the last few months without crying, and for that reason had stopped going. Several years before, her husband had died of a heart attack, and a short time after his death her son was inducted into the armed forces. The patient said that she and her husband had been very happy together, that she used to sing in the choir, had been active in several women's clubs, and had always enjoyed varied activities with a large number of community groups. Now nothing interested her; she was always tired, and she had dropped all relationships outside of the work by which she supported herself and regular letter writing to her son. After she was assured that the worker was aware of the pain and distress associated with her experiences and her response to them, she told something of her early life. Her father had died when she was three. Her mother married the hired man, whom the patient described as a loafer and a drunkard. The older girls left home shortly after, but the patient stayed with her mother until she was seventeen. For several years before she left home she was encouraged by the mother to accede to the stepfather's drunken advances. Several times she ran away, and finally she was made a ward of the state and permitted to live in a foster home. Her hatred for her stepfather was very strong; she said she would still horsewhip him if she had the chance.

When she was nineteen she was married to a quiet, hardworking man who was attracted by her vivacity and beauty and her ability to get things done. She took a much more active part in social affairs than he did, and he seemed to be content to remain at home and to bask in her social glory. The patient characterized her life with him: "We had a beautiful life together; we worked things out together; we grew together, and life was full and rich."

After her husband's death, the pastor came once to see her but she was not at home. He left his card, and she hoped he would return, but was unable to get in touch with him and did not see him again. A few months after this an elderly friend of the family spent several days

helping her to clear up business matters and shortly thereafter asked her to marry him. They were married. Very soon afterward the patient learned that her husband, some twenty-four years older than herself, was an alcoholic and was not interested in a normal marital relationship. He beat her several times, and after he had choked her so that she had to be admitted to a hospital, she left him and later was granted a divorce with a large financial settlement.

The patient's experience in her second marriage brought back vividly the deprivation in the loss of her father and the experience with her stepfather during adolescence. The sense of failure, of shame and guilt, and of isolation was increased, and she found it impossible to reach out to the usual groups and friends for companionship and help in meeting the loss of her husband and the mistake of her second marriage. As she confessed her feelings in her earlier experiences and saw that she had really desired an older person "like a father" to whom she could turn in her grief, she began to make plans to return to church and to renew her friendships. She said in the final visit that she felt her sorrow was behind her and she could begin a new life. The relationship was closed with a prayer:

"O God, thou hast brought us from sadness into joy, from despair into hopefulness. We thank thee for thy healing ministry through surgeon and nurse, through sacrament and prayer. By thy grace we have found relief for shame and guilt; barriers have been broken down, and plans have been made to see old friends and to make new ones. The bonds of mourning have been loosened, and the memory of happy days with husband and with son can be clearly held without tears. Help thy servant continue to work through her troubles, holding fast to the picture of those she loves and building a new life worthy of them, forgiving and forgetting where she has been hurt and seeking to understand and change where she needs forgiveness, through Jesus Christ our Lord. Amen."

This patient's grief had been complicated by the impulsive seeking for security and comfort from a man who was unable to give it to her and who treated her very much as her stepfather had. Her experience is in keeping with Dr. Helene Deutsch's observation that in crisis there is a remarkable tendency to repeat earlier patterns of experience. This emphasizes the importance of adequate pastoral care of the grief-stricken in the parish as well as during physical illness. This means in addition to appropriate burial services an understanding of the background of the person, giving pastoral and theological comfort and helping in every way possible to relieve the desire to do impulsive and self-destructive things, which often follows grief.

A great deal of life loses meaning when a loved one dies, and it is necessary to build new habits and new activities which are appropriate to the relationships that are still a part of life. The church can help the patient accept the pain, can quiet some of the common fears that are a

part of bereavement, can give opportunity to confess where there was failure or hurt in the relation with the loved one, and assist in formulating what the future relation will be to the loved one, and in making plans for continuing life.

Mr. R. was a shipyard foreman whose son was killed on a South Pacific island over a year before the father's admission to the hospital. The patient came in after a superior had told him that he might be killed at the yard if he did not secure help for his spells of blacking out. In the first visit the patient said he had been concerned about the way things had been going at the yard and noted that he first began having trouble a few days after the end of the war, when everyone let down and he had much less to do than he had had for several years. He complained about some of the workmen who were constantly asking for raises and dropping their tools at the slightest provocation. But he said: "I think my trouble is that I lost my boy last year. When I heard about it, I felt like I had been hit with a hammer."

The patient felt ashamed of continued expressions of grief and tried to keep other people from knowing how he felt. After he learned of his son's death, he drove his workers unmercifully so that they broke all records for production in the shipyard. At the same time he was occupied with morbid, terrible thoughts of what the Japs might have done to his son, so that at one time he might become very angry about some little thing; at another time he would be so tense that he would get up and throw things around; and he still had trouble sleeping. He first noticed the blacking out, he said, while standing at his older son's wedding. When he looked up and saw a gold-star flag hanging near the altar, he felt queer, swayed, and almost fell.

The patient was next seen after he attended the chapel service. He said, "You know in some ways it was better for me than a good meal; I think I needed it." He was a little more at ease, but screwed up his face, tightened his lips, and had nervous tremors around his eyes as he talked about his son. He revealed that his mother had died when he was sixteen, a short time after a doctor had told her that there was nothing wrong with her. The patient remembers vividly her crying at this and his resentment over it. He was the oldest boy and had to lock the door to the room and lift up the body by the shoulders. Shortly after that his father committed suicide, and the patient felt bitter and critical that his father "was not man enough to take the loss of my mother."

The patient then went to live with an aunt and uncle in a mining community. He worked in the mines and turned his pay check over to them. One day he was hurt, and while lying in bed after the other men had brought him home he overheard his aunt and uncle discussing what should be done with him. He realized then that they cared only for his pay check and not for him, and as soon as he was able he left them. He also recalled that it had been a severe blow to him when his first child,

a boy, died of pneumonia. He recalled the pleasure it gave him to have the child run to the gate to greet him when he came home from work, and said it took him a long time to get over the loss.

He then spoke more of his son's death, of his long visit with the lieutenant in his son's battalion, his feeling that his son might have been too reckless, and his wish that the boy had thought of his mother — the patient's wife — when he was making out his army insurance, instead of assigning it all to his own wife. On another visit to the study the patient revealed that he had a terrible hatred toward the Japanese following the death of his son, and he vowed that he would take personal vengeance if a Japanese person ever provoked him. Shortly after he was admitted one of the Japanese-American nurses went in to take his temperature and pulse, and the patient had thoughts of choking her. As he came to know his nurse and saw that she was treating him with kindliness and understanding he began to give up some of his hatred, and before he was discharged said that it had meant as much to him to have her care as to have medical treatment. "It made me feel differently," he said. In the final visit he said that he was beginning to accept the fact of his son's death; and also that he wanted to begin going to church again.

There are a number of patients like Mr. R. who seem to be unable to go to church until they have talked over some of the things that are concerning them. The hospital is on the front lines of the church's ministry and gives an excellent opportunity to care for people who want to belong to the fellowship of the church and need it badly but are unable to take the steps of belonging without help.

One of Mr. R.'s fears, which it was suggested he relate to the doctor, had to with surgical procedures. He had a very dear friend who had been operated on for a prostate difficulty and had to be in the hospital for over a year. The patient felt that this might happen to him; but the doctor was able to reassure him. At several points he seemed desirous of having surgery. This is seen in some patients who are grief-stricken, who wonder why they should not have died instead of the loved one, and who seem to feel that surgery will cut out the pain of the loss.

A patient who expressed this clearly was the mother of two girls, one seventeen and the other fifteen. She was admitted for complaints in the upper abdomen, and seemed anxious to have an operation. The patient was disturbed when her older daughter left home to go to school and said that she missed this older girl very much. It seems she was much more dependable than the younger daughter, with whom she had been having considerable trouble. The patient said she didn't trust the younger daughter, who did things behind her back, would not obey her, wore her best dresses to school, brought a great many young people to the house while the mother was away at work, did not confide in her, and kept change from money that the mother gave her to buy food. During this visit she expressed considerable resentment toward the child,

also some feeling that perhaps she ought not to work and should stay at home and give more attention to her husband and daughter. She said the only reason she worked was to give the children things they would not otherwise have. It was suggested that perhaps they wanted most to have her companionship and interest and that it would be worth while to rethink the matter of working.

She agreed. In the last visit the patient said: "I've felt so much relieved since our talks together. They have helped me a great deal — just like taking a burden from me. I feel that the whole thing is much lighter than it was before and I can do something about it. I think the problem with my daughter has kept me upset, and now that I've talked about it, I don't feel that fullness around my heart."

This patient's physical symptoms cleared up, and it was decided that no operation was necessary. She did not return to work, and was able to effect considerable improvement in her relationship to her daughter. When last seen she said that things were going much better at home.

III

One of the chief purposes of pastoral care is to nurture wholesome family life. The opportunity to meet the patient in the hospital, when, in some instances, family difficulty is an even greater cause of anxiety than illness, is one which the church can use to the utmost.

Oftentimes the patient will not be far enough along in spiritual development to utilize many of the sacramental resources, and at the beginning of the relationship listening is probably the most important instrument the worker has. To make an accurate spiritual diagnosis one must know enough facts on the spiritual condition, its development, characteristics, expressions, and, where possible, something of its origins. In some instances, simply the opportunity to talk freely will be of sufficient help to the patient so that he can go on to work out his spiritual concern largely by himself.

There are many opportunities to illuminate the meaning of Scripture and of religious acts. One patient revealed that he had recently visited his home and regretted the way he had treated his family. He said he had prayed many times that he might do better, but always without success.

"Then the prayer wasn't answered?" "No, I guess not." "Perhaps we might work together on the matter while you are here." "I would like to do that." It was learned that there was a brother four years younger whom the patient felt he mentally mistreated. The brother wanted to go everywhere with him when he was at home; and he felt guilty if he said "no" to any request. He had promised last winter to take the boy on a camping trip, and because his brother failed to keep a promise to come home at a certain time, which the patient had arbi-

trarily set, the camping trip was called off — "to teach him a lesson." The patient spoke of this in a self-righteous way, explaining that he felt that what his brother did was far worse than his own breaking of the promise about the camping trip. It was suggested that he include in his daily prayers: "O God, help me to see this in the light of thy love." Out of this came an effort to see the situation from his brother's point of view, recognizing the tremendous disappointment that had come out of his effort to get even. He saw further that he had no right to exact the promise he did; it was a parental prerogative which he had usurped in other instances also in dealing with his brother. His conclusion was that he had been mistaken; and that what he had done was serious. As he became aware of what he had been expressing toward his "baby" brother, he made plans to write a letter to him, and saw that this was an opportunity to put the relationship on a more Christian level than it had been when he thought of him as the baby of the family rather than a growing person in his own right, with whom he might be a good friend.

It was agreed that this process of thinking through the relationship and taking action to improve it was of the essence of prayer. First, his distress and troubled mind about it: "O God, I am sorry about the way I treat my family, and I want to do better; help me to see this in the light of thy love." (Petition.) "O God, help me to understand how my brother felt about this, and what it meant to him." (Intercession.) "O God, I made a serious mistake; I have sinned against my brother and in thy sight; help me to make amends." (Confession.) "O God, I feel better about this, and I can get along better with my brother; I thank thee for this blessing." (Thanksgiving.)

Here the patient was able to accomplish two things of basic importance to his spirit. He clarified his relation to his brother, and he saw the meaning and the use of prayer in that relation. This removed prayer from the intellectual and academic realm, and made it the means of seeing his daily living in the light of God's will for him. After appropriate action was taken the Holy Communion had more meaning for him, and our Lord's words, "If . . . thy brother hath aught against thee, leave there thy gift before the altar, and go thy way, first be reconciled to thy brother, and then come and offer thy gift," were more meaningful.

IV

Another common concern of the sick person which is of interest to the church is that of grudge-holding and of unresolved grievances. The question "What have I done to deserve this?" is often found in the person who either in act or feeling has wished harm on someone else and has instead become ill himself.

Mrs. N. was very much disturbed; she cried and moaned, calling out, "O Lord, help me; O Lord, save me!" and when questioned by the

doctor or nurse she said she was going to die. The patient was visited by the social worker, who asked if there were anything that she could do in regard to the family, but the patient replied that they were able to get along all right. When seen by the chaplain, she said that she was certain she was going to die — that she had never felt so badly. She thought it must be something mental, because her imagination was running away with her. She was asked to explain what she meant. She said it seemed that all kinds of terrible things were wrong with her, and that she was hopeless. Her five-year-old boy had been very much on her mind. The death of her husband, three years previously, had left her with the responsibility for her five-year-old child. She concluded, "I wonder why this should have happened to me; I have always led a good life, and I don't know that I have hurt anybody."

The worker explained that this idea often has to do with the way we felt as well as the way we acted. Perhaps there were times when she felt things she thought she might be punished for. She admitted that there were such times. She had often been cross and angry with her mother. "My mother is a very sloppy and greedy person; she has no religion at all. The woman next door came to me last year and told me that my mother beat my little boy while I was at work, and it almost broke my heart. When I give money to the church she criticizes me and says that they just fill their pockets with it; she says mean things and yells at me. It really has been so bad that I am completely disgusted; it has made me sick." The patient had never gotten along with her mother, even as a child, but when younger she was always afraid to talk back to her. It was clear also that she had recently made a great change from her own nicely furnished home among congenial friends in a pleasant neighborhood to her parents' home; but it was not clear at this point why she had been willing to make such a change.

The following day the nurse reported that the patient was not so disturbed and had slept better the preceding night. The patient again said that something must have gone wrong with her mind, and then began immediately to talk of her relation to her mother. "I think this goes way back into my childhood. I was always a very meek and mild person who did everything that my mother asked. Mother ruled the whole family; no one ever dared cross her. She has a vicious temper. I remember once that she lost her temper, and I thought she was going to have a stroke." The patient shuddered. "I never want to see that again." The patient went to work at fourteen, was not permitted to have friends at the house, and was forbidden to have dates. At nineteen she met her husband, went with him a short time and married him. She said that they had a happy time — parties for the children, songs around the piano, picnics — all the things she had wanted but couldn't have when she was a girl.

Her husband was gassed in World War I and had a heart condition; he was sickly for some time before he died. When the patient had her

last child, thirteen years after the one before, her mother was very critical and said that the husband was not so sick he couldn't give her a child. Her own interpretation was that God had given her the child to take the place of her husband, who died soon afterward. The patient said she knew exactly what she was getting into after her husband's death, when she returned to her mother's home; and she went entirely for her father's sake. She said her father was a very cheerful, pleasant person and was the one who gave her the most help in her grief. She spoke resentfully of the pastor who came in the day before her husband died and asked loudly if he were ready to meet the Lord. The patient's face lit up as she spoke of her father. She likes to do things for him and to have him share in the parties she gives for her boy. It was out of this devotion to her father and the comfort that he gave her that she went home.

She recognizes her resentment toward her mother and says she feels guilty about it and perhaps she is being punished for it. "It says in the Bible, 'Honor your father and your mother.'" She hoped that her mother would be more kindly since she had been ill. This possibility was discussed, and the patient saw that nothing had happened to change her mother but that she very much *wanted* her mother to be kindly and tender toward her. It would appear that she herself would have to make the necessary changes to have the sort of home and to follow those activities which would bring her more happiness and enable her to fulfill her responsibilities to her son.

In the next visit she said she was feeling better. "Things have begun to straighten out, and I can think much more clearly. I was terribly down, but I am beginning to buck up again." She began to make plans — to take up her music again, to return to the church, and to join one of the groups in which she was interested; to have friends come to the house, and to go out regularly with them. Then she brought up her son's temper tantrums. She realized that she had contributed to the boy's problem by treating him inconsistently — with leniency one day, and with harshness the next. The child's coming was entirely unplanned for, and she was extremely upset and resentful. It was clear that the mother needed help in relating to the child, and after discussion she agreed to visit a child guidance clinic. The relationship was closed with a prayer of thanksgiving for the new possibilities that God had revealed to her. The patient was discharged the following day. In a conference with the physician, the situation was later reviewed. He said that the patient's attitude had improved markedly, and that she had ceased after a few days to be a problem on the ward. He wanted to know what kind of medicine had been used in treating her spiritual needs.

V

One of the early church fathers called the Holy Communion "medicine for the soul." Patients often mark the reception of the Communion

as the turning-point of their illness experience. It is certainly the church's chief "medicine," and it helps to sum up all that is good in the patient's relation to God and to other people.

Mr. A. came to the hospital with severe pains which were diagnosed as gallstones. The patient had a very difficult time after the operation and was irrational much of the time. Three days afterward he received Holy Communion, and soon afterward had his first restful sleep.

This is one of the values of sacramental acts which other hospital workers are likely to observe. It helps to bring the patient's attention and interest outside of himself, overcoming the withdrawal that is characteristic of many patients following operation. Dr. Norman Freeman, a neurosurgeon, tells of a woman in surgical shock whom the staff could not arouse. Finally, as a last resort, he went to the room where the patient's husband and nine-year-old daughter were waiting. He mussed up the little girl's well-brushed hair and then took the daughter into the room. As the daughter approached the bed the mother saw her dishevelment, and she, who had always kept her child well groomed, reached out feebly in an effort to smooth her hair. The surgeon said his patient's recovery from shock began with this effort to reach out to her daughter. Thus was contact established with her, and further measures to help her come back were applied. In the Sacrament there is contact with the Source of life, and the strength which comes from Christ himself. Not only does this holy food help the patient reach beyond himself, but it reassures him that God actively cares and that life is of eternal worth.

It is important that the patient realize the real meaning of the Sacrament, that it not be invested with magical significance or made a substitute for necessary medical care. One must be alert to the possibility that the patient who has not expressed his guilt, fear, or resentment is likely to interpret the administration of Holy Communion without any discussion of his spiritual condition as a sign that "everything is all right." One of the factors in illness is the evasiveness of the patient and his tendency to avoid many of the real issues in his life. The Christian religion and its sacraments may be a powerful force in helping the patient meet his life situation. Therefore, careful preparation, which takes into account both the objective meaning of the Sacrament and the subjective needs of the patient, is necessary. As the Prayer Book Exhortation says: "For as the benefit is great if with a true penitent heart and lively faith we receive that Holy Sacrament, so is the danger great if we receive the same unworthily."

Worship may have considerable value for the patient in helping him relax and give his attention to God, particularly when there are opportunities to be brought to a chapel in a wheelchair or in bed. Occasionally the bed patient may relax so completely that he will fall asleep, and the service may be accompanied by an occasional snore. One can observe

bed and wheelchair patients before the service as they listen to the organ and see that they are beginning to "let go" and respond to the worship experience.

Worship in the hospital can help the patient recall that which has been bothering him but which he has not admitted to himself. It can give focus for new insight that he has previously been working on but has been unable to crystallize. It can orient the patient to God and to his opportunity in life rather than to sick feelings and unsatisfied wishes. It can help him see those things which are good in his situation and express thanksgiving and appreciation for them. It can add to the security and confidence in the hospital and it often clarifies the meaning of Christ's religion for daily life outside the hospital.

One patient's chapel experience in the hospital marked a new beginning for her, and after she returned home she wrote: "The visits and the chapel services helped me to recognize the full purpose of a church hospital — that one can be helped spiritually as well as physically. The first Sunday that I came to chapel and saw the other patients on beds, crutches, and wheelchairs, it gave me a new picture of the day when the sick, blind, and lame were brought to our Lord. Then many needed to be healed spiritually as well as physically. That was also true in my life. I, too, had such a need." Thus, in the care of the spirit, the mission of the church is in part fulfilled, to heal the broken-hearted, to relieve the bruised, to give recovery of sight to the blind, and to bring the acceptable year of the Lord.

Ultimately, it is to be hoped, the church will translate the understanding of the spirit of the physically ill into parish practice and help the parishioners maintain spiritual well-being, so that tendencies to illness will be lessened. In this preventive pastoral care we will find the best use of the understanding we have gained in ministry to the physically ill.

VI. SUGGESTION FOR PARISH PRACTICE

1. *Plan your visit.* What does the patient need in things or spirit which you can give through your friendship?

2. *Talk with the doctor or nurse* before seeing the patient. It is useful to learn from them how he has been getting along and how he feels today.

3. *Pull up a chair.* Make it easy for your friend to begin talking with you by being natural, comfortable, and quietly cheerful.

4. *Give assurance.* The hospital is the best place for a sick man. You can help your friend realize this by your own confidence in all that is being done for him and by your own trust in the hospital staff.

5. *Understand.* Wholeheartedly put yourself in your friend's place long enough to appreciate how he thinks and feels about the experience, but remember that it is his sickness and not yours.

6. *Listen.* The sick man needs a good listener, and it is through really hearing what he has to say that you discover what you can do to be helpful.

7. *Respond.* Help your friend feel secure, comfortable, hopeful, and free from anxiety by all that you say to him and do for him after you have seen his real needs.

8. *Follow through.* If there is something you can do for him after you leave, talk it over.

9. *End your visit* with confident trust that in your friend's complete response to God's care there is real security and salvation.

10. *After the visit.* Offer up to God your relation to your friend, seeking light on the meaning of your visit and further ways you can help him know the real sources of strength and peace.

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EDITORIALS

The Focus of Therapy

Doris Mode's article, "God-Centered Therapy: A Criticism of Client-Centered Therapy," will sound like sheer heresy to many among us. In the past few years, "client-centered" or "non-directive" therapy has not merely achieved a well-deserved status of respectability but has become the touchstone of counseling perfection.

Scientific dogmas, however, seem to evolve more rapidly than theological. It is apparent that many medical and lay counselors have felt the need to re-evaluate the whole counselor-client relationship, particularly in terms of the role of the counselor and the way his interpretation of that role shapes the course and results of a series of interviews. Some ministers, with no desire to return to the old dogmatic, directive relationship, have felt that the divine dimension in their ministry to individuals has been neglected. Are these counselors merely a heretical fringe or do they reflect a trend away from an extreme position?

Miss Mode's article seems to us to mirror this kind of questioning. We publish it not to advocate a particular point of view but to present a provocative approach to a subject of concern to us all. We shall always be grateful for new insights into this important topic, especially if documented by clinical material.

J. R. B.

Introducing Our Staff

Much of the credit for the merger which has brought into being this new *Journal* is due to the Rev. Ernest E. Bruder, Chaplain at St. Elizabeth's Hospital in Washington. Chaplain Bruder, who has long been associated with the best in clinical pastoral training, lectures at the Washington School of Psychiatry, the Virginia Theological Seminary,

and Westminster Theological Seminary. As our Editor-in-Chief he has already demonstrated the leadership and cooperation so essential to any joint project.

Our two Associate Editors, the Rev. Rollin J. Fairbanks and the Rev. Robert D. Morris, were the Editors of *The Journal of Pastoral Care* and *The Journal of Clinical Pastoral Work* respectively. Mr. Fairbanks is Executive Director of the Institute of Pastoral Care and a member of the faculties of the Harvard Divinity School and the Episcopal Theological School in Cambridge, Massachusetts. He also directs the Pastoral Counseling Center in Boston. Mr. Morris is Chaplain of the Episcopal Hospital in Philadelphia, teaches at Temple University School of Theology, and has been on the faculty of the Philadelphia Divinity School.

The other members of our Editorial Board also represent the parish, teaching, and institutional ministries. The Rev. Thomas J. Bigham, Jr., is an instructor in Christian Ethics at the General Theological Seminary in New York. The Rev. Joseph F. Fletcher is Professor of Pastoral Theology at the Episcopal Theological School in Cambridge. He formerly directed the Graduate School of Applied Religion in Cincinnati. The Rev. Don C. Shaw is Chaplain at the District of Columbia Penal Institutions located in Lorton, Virginia. Chaplain Shaw has had several years of parish experience, directs a clinical training program, and has contributed articles to several religious journals. The Rev. Charles M. Styron is pastor of the First Parish Church in Lincoln, Massachusetts, and a counselor at the Pastoral Counseling Center in Boston.

The Rev. John R. Baker, our Managing Editor, is pastor of the First Congregational Parish (Unitarian) in Sharon, Massachusetts. He was at one time associated with Paul B. Hoeber, Inc., the medical department of Harper and Brothers.

Our Business Manager, the Rev. Frederick C. Kuether, is Director of the Council for Clinical Training and Protestant Chaplain at the Federal Detention Headquarters in New York. He was on the faculties of the Chicago Theological Seminary and Garrett Biblical Institute after several years of parish and institutional experience.

R. J. F.

BOOK REVIEWS

The Art of Real Happiness: Norman Vincent Peale and Smiley Blanton, M.D.; Prentice-Hall, New York, 1950. 247 pp. $2.75.

For over ten years, the authors of this book have worked together in a counseling clinic at the Marble Collegiate Church in New York. Their volume is in the nature of a "report" on the work of that clinic.

The book deals with many subjects. In only ten chapters, it tackles most of the problems in individual psychology and religion. The unconscious, ambivalence, inner conflicts, guilt, release from tension, alcoholism, the role of faith, marital difficulties, grief, old age are all handled in a popular manner. The style is simple, and the presentation is documented with varied "case histories" of dramatic appeal. There is a welcome freedom from technical terminology, and all but a few cases are presented as "cured."

There is every likelihood that the book will have a wide appeal to those who would learn to help people through the printed word rather than in actual human relationships. Ministers who have little understanding of or experience with personal counseling in their pastoral work, but who feel compelled to use "clinical" material to bolster their sermons, will be tempted to speak with new "authority" after having read this book.

The major disappointment with the work is that it does not answer adequately the question of how psychiatry and religion can pool their resources in helping troubled people. The counseling approach advocated by the authors gives due recognition to unconscious factors and early experiences. Each interview, however, is terminated with a prayer, a verse of scripture, or an exhortation to have faith in a "Higher Power." This compulsive use of admittedly meaningful religious resources seems too pat.

Ministering to people who have problems in living — whether as a minister or as a psychiatrist — is a much more difficult and involved process than this book would lead us to believe.

ERNEST E. BRUDER

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Older People and the Church: Paul B. Maves and J. Lennart Cedarleaf; Abingdon-Cokesbury Press, Nashville, Tenn., 1949. 272 pp. $2.50.

The authors are to be congratulated for carrying out successfully a significant and timely study. The result is one of the best books to be published in the increasingly popular pastoral field. Parish ministers will probably find the second section, "Pastoral Care of Older People," most useful. It contains some of the best material available on the principles and methods of ministering to individuals.

There is much confusion today as to what is meant by "old." Too often it is equated with peculiarities of personality and behavior rather than with time itself. Here we find the entire aging process well described, including the com-

pensations of maturity. It is particularly gratifying to this reviewer that the dangers of the destructive emotions are recognized.

The orientation of the entire study is in reference to the Christian concept of man. By blending social data with genuine pastoral concern, the authors present us with an excellent demonstration of the quality of contribution which competent religious workers can make to the field of social relations and mental hygiene.

ROLLIN J. FAIRBANKS

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Pastoral Leadership: Andrew W. Blackwood; Abingdon Cokesbury, New York, 1949. 272 pp. $3.00.

Primarily a Baedeker for the new traveler in the land of ministerial relationships, *Pastoral Leadership* is helpful also to the older voyager who has not concluded that he has seen and understood all its problems. The sections on the minister in his relation to the community and on his knowledge of finances and statistics are particularly well done. Under the headings of "The Minister as an Executive" and "The Minister as an Organizer," Dr. Blackwood presents the areas of concern which have seemed important in his long experience as a pastor and faculty member. The book as a whole gives one the impression of a well-ordered department store, for every legitimate concern of the minister is presented. Exceedingly valuable are the book lists at the end of each chapter. The author did not intend to provide a panacea for every parish ill; rather some time-honored helps for increasing pastoral efficiency.

LAWRENCE K. WHITEFIELD

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The Basic Neurosis: Edmund Bergler; Grune and Stratton, New York, 1949. 353 pp. $5.00.

Despite repetitions and misleading confusions, Dr. Bergler can be the master of the telling phrase which memorably challenges thought or highlights a conclusion.

The basic premise would seem to lay too much emphasis on one experience, that of being fed, and to depend in dangerous measure on a hypothesized attitude andresponse attributed to the suckling. The author believes all types of neurotic symptom complexes to be but desperately defended "rescue stations," counter-defenses against a masochistic attachment to the earliest image the child has of himself and the "pre-oedipal mother."

The case histories adduced to support the thesis do not all carry conviction, but the descriptive clarity with which they are presented will make them of value to the clergyman who wishes more knowledge of how a sick person feels and acts.

The counselor may perhaps find the most useful and illuminating chapters in the book those on *the nine-point basis of every neurosis* and *the underestimated super-ego.* They present an unusually clear summary of just what is meant by the neurotic or "daimonic" super-ego which the analyst descries as opposed to the benign (i.e., healthy) socially and ethically valuable conscience which both clergyman and therapist wish to foster. They clarify the characteristics and manifestations of the neurotic, overpunitive, and formalistic superego; the conflicting aims of the patient and of the analyst; the course of transference and

its bearing on the patient's acceptance or rejection of interpretations; the development of anger; and the difference between "normal" and "neurotic" aggression. The discussion of differential diagnosis and technique of treatment of oral patients may help the counselor overcome some of the difficulties he meets in his own attempts to aid and understand people.

INA MAY GREER

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Resolving Social Conflicts: Kurt Lewin; edited by Gertrude Weiss Lewin; Harper, New York, 1948. 250 pp. $3.50.

When the history of social science, man's effort toward organized self-knowledge, comes to be written, Kurt Lewin's name will be associated with a trend in psychology away from the laboratory, where the human animal is subjected to tests to discover how he ticks, and into the community, where man's behavior may be studied in its natural, i.e., social, setting. Lewin is also the psychologist turned reformer: he desires passionately to discover the social roots of race hate, totalitarianism, and war, so that humanity may be rid of these scourges. This posthumous volume collects papers which he published during the harrowing years 1935–1946. It reflects his preoccupation with the fate of the Jewish minority and with the problem of reeducating the Germans for democracy. These concerns, however, are contained within the larger one: can there be one theory to describe and account for human behavior in all situations involving tension or conflict, and can it be applied to resolve such tension? Lewin believed that in his "field theory" he had developed such a system of concepts. Unfortunately, this theory is not expounded in the present volume, except for a few brief introductory comments by Allport. The papers give random and uneven samples of the application of his thinking to a variety of situations, such as conflict in marriage, conflict in a factory, conflict in intergroup relations. An account of the by-now-famous experiment from the Iowa Child Welfare Station, subjecting groups of children to autocratic, democratic and laissez-faire types of leadership and comparing their responses constitutes one of the best chapters.

The book's chief contribution, however, is probably contained in Chapters 4 and 13, in which the theory and practice of "action research" are discussed. This concept, which grew out of Lewin's collaboration with community leaders, includes the idea that a change of values may occur when the people to be changed participate *as a group* in the fact-finding process: "then, and frequently only then, do the facts become really *their* facts (as against other people's facts)." Lewin observes that the attempt to change the individual, or, as a churchman might say, reform the sinner, does not respond to the usual technique of formal education: new knowledge, and even new experience, may not effect a lasting change in perception and hence in conduct. This is because perception is actually social: "the individual accepts the new system of values and beliefs by accepting belongingness to a group." Hence, in lieu of re-education, Lewin emphasizes *conversion*, with the implication of emotionally-colored loyalty to a group. Here, then, may be an important point at which science is vindicating the traditional religious approach to the problem of control of conduct. Action research also implies that the group itself should constantly evaluate its progress toward its social goal, using the social scientist as a technician to assist it in this process.

Lewin's published work is only a small part of his total contribution, which was expressed largely through personal influence on his co-workers. A group of

them continue his work at the Research Center for Group Dynamics at Ann Arbor, Michigan, and publish the journal, *Human Relations*. The present volume, however, may well serve as an introduction to one of the most stimulating modern thinkers.

ELIZABETH B. LINDEMANN

•

Why Are You Single?: Compiled by Hilda Holland; Farrar and Straus, New York, 1949. 278 pp. $3.00.

A compilation of essays dealing principally with the perennial plight of men and women who do not marry, this book is distinguished by such names as Theodor Reik, Eduard Lindeman, Bernard Glueck, and those of others equally known for their contributions to this field.

In these fourteen essays on the varying aspects of remaining single, it is only natural that there should be a wide diversity of opinion and a great deal of duplication of material. There are some dull pages where insight lags even behind the pedestrian prose, there are others where journalistic cleverness flaunts itself for popular attention. On the whole, the book is solid and intelligently helpful. It represents an effort seriously to survey the problem affecting twenty odd million single people of marriageable age in the United States. While offering no easy solution, it clarifies many of the factors obstructing the happy fulfillment of marriage.

Reik's two essays deal with the chip on the woman's shoulder and with man's marriage-shyness. They are excellent. In the first, he analyzes the dissatisfactions which women have with their own sex. In the second, he depicts the male fear of responsibility. Fritz Kahn's contribution on "Are You An Oedipus?" is strongly written, and might well be used as a tract for wide distribution. In "Married Neuters," Marynia Farnham deals with incomplete or compromise marriages and the various distortions created by those incapable of or unprepared for normal relationships. Bernard Glueck writes very helpfully about emotional maturity as it affects the married state. Other essays deal with such subjects as "Geography and Mating," "Deserters," "Are Parents to Blame?" and "They Tried It Once."

Whether the book will help the single to marry or not is a question; it would certainly assist them in understanding the factors that may be standing in their way.

SAMUEL H. MILLER

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The Single Woman: Robert Latou Dickinson and Laura Beam; Williams and Wilkins, Baltimore, 1949. 467 pp. $4.00.

Lest the title be misleading it should be stated here that this book was not written *for* single women. It is a study by Miss Beam of the case histories of more than a thousand unmarried women who consulted Dr. Dickinson during 50 years of his practice. Although many of these patients came originally because of physical difficulties, usually of a gynecological nature, the focus of the histories (and hence this study) is primarily on the sexual activities of these women. The book, therefore, should be of interest only to those who are pro-

fessionally concerned with this aspect of human nature. It is doubtful whether such a group would ordinarily include the parish minister.

The study is actually more descriptive than helpful. Very little data is given on therapy and even less on the results of treatment. Although the book was published originally in 1934, the last case study appears to have been completed in 1927! Because of the changing status of women in our society, perhaps most of the material is now only of historical value. One cannot help wondering whether the success of the Kinsey Report influenced the publisher's decision to reprint this volume.

G. DOUGLAS KRUMBHAAR, M.D.

•

The Hygiene of Marriage: Millard S. Everett; World Publishing Co., Revised edition, Cleveland, Ohio, 1948. 227 pp.

One-third of this book is concerned with birth control, the need for it, its legal status, organizations and clinics for its advance, a brief history and description of methods. The bias is definitely pro; the coverage complete.

There are many other books on the same general subject of marital hygiene. Mr. Everett's treatment is accurate, concise, sound, and, notwithstanding his case for romantic love, matter-of-fact. Seeking to aid the adjustment of human beings to one another, he handles the subject in a triple setting of psychology, sociology and morals.

Such a complete manual available at a reasonable cost is very welcome.

MARGARET B. MAYNARD

•

Women in Marital Conflict: Florence Hollis; Family Service Association of America, New York, 1949. 236 pp. $3.50.

Personality factors lie at the root of marital conflict, according to the findings of Florence Hollis in a case-work study of 100 families. These records were selected at random from eleven large family service agencies and represent a cross-section of the married urban population of this country. Because of the nature of the study and time limitations, exploration of psychological factors was limited to the women involved and their part in the difficulty.

The author starts out with the thesis that broken and unhappy homes breed warped personalities. Individuals who have been brought up in these homes have little chance themselves of achieving lasting and satisfactory marriages. The only way to break this unending chain of unhappy homes is to study causes, consider methods of treatment, and evaluate results.

Emotional dependency, the need to suffer, and rejection of femininity are the major psychological factors which emerged most clearly in this study of marital conflict. Frequently such factors as interfering relatives, cultural difficulties, and economic pressures contributed to maladjustment, but more often they were either symptomatic of personality factors or subordinate to them.

The material in this book reveals the author's profound knowledge and understanding of psychoanalytical concepts. It is written so clearly, however, that it could well serve as a text for those readers who are beginning to inquire into the

principles and dynamics of personality functioning. In general, the theoretical discussion and interpretation are superior to the case illustrations.

This study will be both stimulating and valuable to the pastor whose advice and counseling are increasingly sought by those in marital conflict.

BERENICE G. COHEN

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Stop Annoying Your Children: W. W. Bauer, M.D.; Bobbs-Merrill, New York, 1947. 272 pp. $2.75.

The title of this book was spontaneously arrived at for a P.T.A. meeting and suggests that the book pricks many a bubble. It is designed for parents who are annoyed by their children, written in the serious hope that they will realise the annoyance is not all on one side.

Dr. Bauer's work is about children who have parent trouble, and vice-versa. The problem is mutual, but the child is undeveloped and inexperienced, so the burden for its constructive solution falls chiefly on the parents. The author truly says, "Too many parents are spending too much time on their own careers or on their social obligations or on their pleasures to be really good parents." A good parent is one who recognizes the uniqueness of each child and is willing to devote the time and attention which such individual difference demands.

The author does not stop at fixing responsibility, however. There is comfort in his book, the sort of comfort one gets from discovering that not all problems are major crises, that many are natural occurrences common to all developing children and their parents.

The volume is entertaining as well as sound and helpful. A valuable job of diagnosis and suggestion, it can be recommended to clergy and teachers as well as to parents.

CHARLES W. F. SMITH

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Your Child Makes Sense: Edith Buxbaum, Ph.D.; International Universities Press Inc., New York, 1949. 207 pp. $0.00.

This book is a psychoanalytic explanation of why children behave as they do when growing up. The common "problems" like thumb-sucking, masturbation and toilet training are given careful treatment. It is explained how the mishandling of these problems may lead to derived problems, such as speech difficulties, poor social adjustment, and physical illness. The discussion is illuminated by many case studies, showing how some of these cases have been treated.

Dr. Buxbaum's book should be helpful to parents of infants and young children, especially to those who themselves were brought up under older, harsher theories, such as the Watsonian one of showing no affection and no emotion. The final chapter supplements the permissive approach by explaining the importance of children learning "to control their instincts adequately through their conscience." It takes greater skill on the part of the parent to supply the control through love and thoughtful understanding than by threats and physical punishments.

HELEN P. WILEY

The Normal Sex Interests of Children: Frances Bruce Strain; Appleton-Century-Crofts, New York, 1948. 207 pp. $2.75.

Psychoanalytic in its background and terminology, this book gives a frank and scientific description of sexual development in children from infancy through adolescence. The author stresses both the biological and the psychological elements in the emotion of love, which "has come to be the accepted basis of modern marriage." Mrs. Strain shows how early sexual drives and manifestations, often unrecognized as such, are foreshadowings of future interests in maturity. She lays before the reader a panorama of normal human development.

This book should do much to dispel unwarranted feelings of guilt because of sexual interest. Although intended for parents and teachers, it is so plainly and simply written that many adolescents could benefit from reading it. Its chief value, beyond that of many other factual books, is its stress on the normal, everyday existence of sexual life in such a way that there is no room left for harmful repression, secretiveness, or salaciousness.

HELEN P. WILEY

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Sex and You: LeMon Clark, M.D.; Bobbs-Merrill, New York, 1949. 203 pp. $2.75.

Dr. Clark sets out to discuss sex in all its aspects objectively and reasonably. The result should prove a useful book. It might be recommended both to couples contemplating marriage and to older married people.

The reviewer questions Dr. Clark's firm assertion that three children are enough. It seems likely that the readers of such a book are people who should be encouraged to raise larger families. A second criticism might be directed against Dr. Clark's attitude towards divorce, which is more lenient than that of many churchmen. However, the scope of the book is remarkably broad and it contains much valuable material. In recommending this book it might be noted that it is more personal and informal in tone than such a strictly objective and excellent work as that of the Stones (*A Marriage Manual*).

JOHN S. KROMER

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Alcohol and Social Responsibility: Raymond G. McCarthy and Edgar M. Douglass; Thomas W. Crowell Co., New York. 304 pp. $3.50.

As stated in the preface, this excellent book is divided into two parts: "in Part I, Basic Principles and Facts, historical and contemporary drinking practices and attitudes are discussed. The development of attempts at social control and the rise of the organized temperance movement are described. The physiological and psychological effects of alcohol on the individual, and the significance of these effects on society are weighed. Present-day systems of control of the sale of alcoholic beverages, and of measures designed to provide treatment facilities for alcoholics, are briefly described. It is the conviction of the authors that alcohol has achieved its place in our society because of its capacity to satisfy varying personal needs. Just what these needs are, and to what extent they might be satisfied in ways which would not evoke the individual and social ills with which we are concerned, are essentially problems of mental hygiene, of

understanding ourselves. This is a matter for public education in the broadest sense and underlies the special emphasis on educational techniques in the present book.

"In Part II, An Approach Through Education, the educative influence on personality development of all the forces in the environment — family, neighborhood, church and school — are stressed. Because the public schools of this country have a legal obligation to teach about alcohol, and because school experiences are the soil out of which many attitudes grow, emphasis has been placed on the opportunity which teachers have to contribute to an understanding of problems of alcohol among young people. However, the material is designed for use by all who work with people, young or old, whether in formal classroom discussions, in churches, in clubs or in adult education groups."

It seems to this reviewer that the authors have eminently succeeded in accomplishing what they set out to do. While exception might be taken to an occasional controversial statement being presented as fact, by and large the book is accurate and authoritative and should have wide circulation and use among the clergy and others interested in alcoholism.

ROBERT FLEMING, M.D.

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The Alcoholic Woman: Benjamin Karpman, M.D.; Linacre Press, Washington, 1948. 238 pp. $2.50.

It is the reviewer's opinion that this book, by the chief psychotherapist at St. Elizabeth's Hospital, confuses rather than sheds light upon the problem of alcoholism in women. Three case-histories are presented in great detail, but they are poorly organized. The emphasis is upon the rather lurid and atypical sex lives of these women. The discussion tends to be uncritical, at times banal and pompous. The author's thesis, that specific underlying neurosis is at the bottom of alcoholism in women, seems less convincing after reading the book than before. It is not irrelevant to note that in none of these three women was the progress of alcoholism arrested by the treatment they received. The book will be of no help to clergymen, physicians, social workers or lay persons engaged in dealing with alcoholic patients.

ROBERT FLEMING, M.D.

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What Can We Believe?: Vergilius Ferm; Philosophical Library, New York, 1948. 211 pp. $3.00.

This book is a very well-written and persuasive defence of liberal Protestant Christianity. Its basic concepts and arguments are largely derived from modern idealistic philosophy, particularly that of Descartes and Kant. The book as a whole possesses the strength as well as the weakness of this philosophy.

Religion itself is not sharply distinguished from philosophy, but is defined in terms of personal and emotional commitment to philosophical doctrines. "When a philosophy is deeply believed and felt it becomes *a religion.*"

The chief aim of the book seems to be that of encouraging men to believe more strongly in their highest moral ideals, whatever they may be, and in their ultimate attainability. Determinism is rejected. To give a sample of his reason-

ing, Professor Ferm contends that there is an indeterminate factor of chance which enters into the events of nature. Human freedom is closely associated with this factor of chance. If man makes use of his freedom with courage and confidence, he may overcome the evils of life and turn them into good. When evil, disease, and death are properly faced and opposed, goodness, health, and life may be elicited from them. This is held to be a lesson of Christianity. The world is a testing ground. By means of its manifold problems and challenges, higher values may be brought into being.

The mode of religious apologetic represented by this book is certainly not far removed from the prevailing cultural ethos of our time, which is not seriously criticized at any crucial point. Hence it may readily gain a sympathetic hearing. Those who listen to it may well be led to have a greater confidence in themselves as they are and to a greater zeal in defending the ideals that they already have. It will not elicit any deep sense of human humility, nor any sacrificial devotion to great, overarching purposes. Hence it cannot give sorely needed guidance to a chaotically drifting civilization.

JOHN WILD

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The Illusion of Immortality: Corliss Lamont; Philosophical Library, New York. 1950. 316 pp. $3.95.

"The Illusion of Immortality," curiously enough advertised as a book of "lasting" value, claims to prove that there is no continuing personal life after death. The argument is largely based on what the author terms the scientific grounds for disbelief provided by biology, psychology, and medicine. He, of course, is a thorough-going humanist who holds that men and women exist in their own right and for the sole purpose of their own greater power and glory.

The bulk of the work is devoted to a clever punching of holes in various ancient and modern versions of the immortality of the soul. This is constructive and helpful insofar as it reveals the superficiality and emptiness of certain aberrations from the true Christian faith. Very scant attention, however, is paid to the classical Christian doctrines of the Resurrection of the Body and Eternal Life, nor does the author seem to be completely aware of these as being entirely different from the traditional immortality position.

EDWARD G. HARRIS

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American Freedom and Catholic Power: Paul Blanshard; Beacon Press, Boston, 1949. 350 pp. $3.50.

This presentation of the political and social influence of the Catholic Church is of special interest for the reader of the *Journal* by reason of its extended discussion of the role of the Roman clergy in the fields of medicine (ch. 6) and marriage (chs. 7 and 8). Non-Roman ministers, physicians, and counselors stand to learn a good deal about the theological motivations, the professional strictures, and the moral compulsions of their Catholic colleagues and their patients. On reading these three chapters, one becomes aware of at least four diverse reactions. The first is alarm lest the practices and mentality delineated be forced upon an ever-widening section of American citizenry. The next is

sympathy for fellow-Americans — fellow-Christians, one should add — who must, out of a seemingly misconceived piety, violate their moral sensibilities in the very name of morality. In all honesty, one would also have to admit admiration as a third reaction, admiration for a Church which has thought out all the minute details in the application of its moral principles. The last reaction is an overwhelming concern to take steps with other non-authoritarian Christians to work out a moral theory and practice no less mindful of the divine dimension than the Roman. They should be no less perceptive of the ultimate social consequence of Christian endeavor, but have a biblical *fiat lux* and *imago Dei* of more consequence in the moral reckoning of human personality that the seemingly benighted vitalism which has betrayed even the sensitive Catholic theorists into placing mere life — life which we share with the lowest of God's creatures — above reason and love and justice itself.

The massive system painstakingly elaborated through the centuries by the Roman Catholic Church, its moral tenacity to principle, and the high elevation of its proponents will convince many open-minded observers that the "Americanism" to which Blanshard appeals for a standard of moral judgment is inadequate as an answer. The reader will turn from Blanshard's book, however, rejoicing that the factual material therein has at last been made challengingly clear, saddened that Christianity may be so easily distorted and disfigured by its most earnest devotees, but summoned to the task of radically reconceiving the problem of Christian freedom to the enhancement of democratic viability and power.

GEORGE HUNTSTON WILLIAMS

OUR REVIEWERS

Ernest E. Bruder is Chaplain at St. Elizabeths Hospital, Washington, D. C., and our Editor-in-Chief . . . *Rollin J. Fairbanks* is a member of the faculties of the Episcopal Theological School and Harvard Divinity School . . . *Lawrence K. Whitefield* is pastor of the Community Methodist Church, Milbrae, Calif. . . . *Ina May Greer* is a psychiatric research associate in Boston . . . *Elizabeth B. Lindemann* is a former social worker and the wife of Erich Lindemann . . . *Samuel H. Miller* is pastor of the Old Cambridge Baptist Church, Cambridge, Mass. . . . *G. Douglas Krumbhaar* is a Boston obstetrician and gynecologist . . . *Margaret B. Maynard* is the wife of a New Bedford, (Mass.) surgeon . . . *Berenice G. Cohen* is a member of the staff of the Boston Y. W. C. A. counseling service . . . *Charles W. F. Smith* is rector of St. Andrew's Church, Wellesley, Mass. . . . *Helen P. Wiley* is an educational psychologist . . . *John S. Kromer* is rector of St. Andrew's Church, Meriden, Conn. . . . *Robert Fleming* is a Boston psychiatrist . . . *John Wild* is Professor of Social Relations at Harvard . . . *Edward G. Harris* is Chaplain at the University of Pennsylvania . . . *George H. Williams* is a member of the Harvard Divinity School faculty.

While we do not identify those who have written the book notices, we do wish to express our gratitude for their contributions.

BOOKS RECEIVED

Those books of significance or interest for readers of *The Journal of Pastoral Care* will be reviewed in subsequent issues.

Adolescence: C. M. Fleming; International Universities Press, New York, 1949, 262 pp. $4.50.

Adolescent Character and Personality: Robert J. Havighurst and Hilda Taba; John Wiley & Sons, New York, 1949. 314 pp. $4.00.

The Art of Real Happiness: Norman Vincent Peale and Smiley Blanton, M.D.; Prentice-Hall, New York. 247 pp. $2.75.

A Greater Generation: Ernest M. Ligon; Macmillan, New York, 1949. 157 pp. $2.50.

Altruistic Love: Sorokin; Beacon Press, Boston, 1950.

A Dynamic Approach to Illness: Frances Upham; Family Service Association of America, New York, 1949. 200 pp. $3.00.

A Rhetoric of Motives: Kenneth Burke; Prentice-Hall, New York, 1950. 365 pp. $5.00.

Bristow Rogers: American Negro: E. P. Hillpern; I. A. Spaulding, and E. A. Hillpern; Hermitage House, New York, 1949.

But You Don't Understand: Frances Bruce Strain; Appleton-Century-Crofts, New York. 217 pp. $3.00.

The Case for Adoption: Percy Maddux; Russel F. Moore, New York, 1947. 89 pp. $2.50.

The Choice Is Always Ours: An Anthology on the Religious Way: Edited by Dorothy Berkley Phillips; Richard R. Smith, New York, 1948. 511 pp. $4.50.

Christian Marriage: G. Douglas Krumbhaar, M.D. 16 pp. 10 cents.

The Christian Religious Education of Older People: Benjamin Maves; Dept. of Pastoral Services, Federal Council of Churches of Christ in America, 1950. 96 pp. $1.00.

Church Planning and Adjustment: William J. Villaume; The Committee for Cooperative Field Research, New York. 19 pp. 15 cents.

The Common Ventures of Life: Elton Trueblood; Harper, New York, 1949. 124 pp. $1.00.

Counseling Adolescents: Shirley A. Hamrin and Blanche B. Paulson; Science Research Associates, Chicago, 1950. 371 pp.

The Counseling Interview: Clifford E. Erickson; Prentice-Hall, New York, 1950. 157 pp. $2.35.

Dianetics: R. Hubbard; Hermitage Press, New York, 1950.

Don't Do It Doctor: Jan Kenworthy and Hal Ambro.

East and West: Mary B. Messer; Philosophical Library, New York. 63 pp. $3.00.

Education for Maturity: John Walker Powell; Hermitage House, New York, 1949. $3.00.

The Effective City Church: M. A. Leiffer; Abingdon-Cokesbury, New York, 1949. 232 pp. $2.75.

Elmtown's Youth: A. B. Hollingshead; John Wiley and Sons, New York, 1949. 480 pp. $5.00.

Emotional Hygiene: Camilla M. Anderson; Lippincott, Philadelphia, 1948. 266 pp. $3.50.

Essays on a Science of Mythology: C. G. Jung and C. Kerenyi Bollingen Serries XXII, Pantheon Books, New York. 256 pp. $4.00.

The Ethical Basis of Medical Practice: Willard L. Sperry; Harper, New York, 1950.

Faith and History: Reinhold Niebuhr; Scribner's, New York, 1949. 257 pp. $3.50.

The Family of Tomorrow: Carle C. Zimmerman; Harper, New York, 1949. 256 pp. $3.50.

Family Casework and Counseling: A Functional Approach: Edited by Jessie Taft, University of Pennsylvania Press, Philadelphia, 1948. 304 pp. $3.50.

Forgotten Religions: Edited by Vergilius Ferm; Philosophical Library, New York. $7.50.

Happiness for Husbands and Wives: Harold Shyrock; Review & Herald Pub. Assn., Washington, 1949. 265 pp. $2.50.

Here's to Your Happier Life!: Frederick Seeger; Wm. Frederick Press, 1949. New York. 10 pp. 50 cents.

Hostility in Young Children: Anneliese Korner; Grune and Stratton, New York, 1949. 203 pp. $3.50.

How to Keep a Sound Mind: John F. B. Morgan; Macmillan, New York, 1946. 404 pp. $3.75.

How to Stop Worrying and Start Living: Dale Carnegie; Simon Schuster, New York, 1948. 306 pp. $2.95.

The Idea of Conflict: Kurt Singer; Cambridge University Press, New York, 1950.

The Individual and His Religion: Gordon W. Allport; Macmillan, New York, 1950. 142 pp. $2.50.

It's How You Take It: G. Colket Caner; Coward-McCann, New York, 1946. 173 pp. $2.50.

The Legacy of Maimonides: Ben Z. Bokser; Philosophical Library, New York, 1950. 110 pp. $3.75.

Letters to Jane: Gladys D. Shultz; Lippincott, New York. 224 pp. $2.75.

Life with Family: Jean S. Grossman; Appleton-Century-Crofts, New York, 1948. 231 pp. $3.00.

Love and Marriage: F. Alexander Magoun; Harper, New York, 1948. 369 pp. $3.50.

Make Your Life Worth Living: Grenville Kleiser; Prentice-Hall, New York, 1949. 256 pp. $2.50.

The Marriage Handbook: J. T. & M. G. Landis; Prentice-Hall, New York, 1950. $3.50.

The Meaning of Anxiety: Rollo May; Ronald Press, New York, 1950. 375 pp. $4.50.

Measuring Results in Social Casework: J. McV. Hunt, Leonard S. Kogan; Family Service Ass'n. of America, New York, 1950. 79 pp. $1.50.

Mental Health in Modern Society: Rennie and Woodward, Commonwealth Fund, New York, 1948. 424 pp. $4.00.

The Mind in Action: Eric Berne, M.D.; Simon and Schuster, New York, 1947. 320 pp. $3.00.

The Ministry: Edited by J. Richard Spann; Abingdon Cokesbury, Nashville, 1949. 208 pp. $2.00.

More About Psychiatry: Carl Binger; University of Chicago Press, Chicago, 1949. 192 pp. $4.00.

Never Too Old: New York State Joint Legislative Committee on problems of the Aging, 1949.

The One Great Church: Adventures in Faith: Joseph F. Newton; Macmillan, New York, 1948. 122 pp. $2.00.

The Pastoral Ministry in Our Time: Louis M. Sweet and Malcolm S. Sweet; Fleming H. Revell, New York, 1949. 192 pp. $2.00.

The Pastor's Pocket Manual for Hospital and Sick Room: E. H. Babbitt; Abingdon-Cokesbury, New York.

The Perennial Scope of Philosophy: Karl Jaspers; Philosophical Library, New York, 1949. 188 pp. $3.00.

Personal Adjustment in Old Age: Cavan, Burgess, Havighurst, and Goldhamer; Science Research Associates, Chicago, 1949. 204 pp. $2.95.

The Philosophy of Religion: Wm. S. Morgan; Philosophical Library, New York, 1950. 398 pp. $6.00.

Power Within Us: Eugene Smith.

Practical Lessons in Psychiatry: J. L. Fetterman; Charles C. Thomas, Springfield, Illinois, 1949.

Psychiatry for Every Man: J. A. C. Brown; Philosophical Library, New York, 1949. $3.00.

Psychosocial Development of Children: Irene M. Josselyn, M.D.; Family Service Ass'n. of America, New York, 1948. 134 pp. $1.75.

Psychotherapy and a Christian View of Man: David E. Roberts; Charles Scribner's Sons, New York, 1950. 161 pp. $3.00.

The Reach of the Mind: J. B. Rhine; William Sloane Associates, New York, 1947. 235 pp. $3.50.

Religion and Our Racial Tension: Edited by Dean Sperry.

Religion and the Cure of Souls in Jung's Psychology: Hans Schaer; Bollingen Series XXI. Pantheon Books, New York, 1950. 221 pp. $3.50.

The Religion of Dr. Trudeau: James Arthur Muller; Dept. of Social Service, 1 Joy Street, Boston, Mass. 28 pp. 25 cents.

Sex Fulfillment in Marriage: Groves; Emerson Books, New York, 1943. 319 pp. $3.00.

Sex in Social Life: Sybil Neville-Rolfe; W. W. Norton, New York.

Social Structure: George Peter Murdock; Macmillan, New York, 1949. 387 pp. $6.00.

Talks to Parents and Teachers: Homer Lane; Hermitage Press, New York, 1949. 217 pp. $2.75.

This Life and the Next: P. T. Forsyth; The Pilgrim Press, Boston, 1949. 111 pp. $2.00.

Thomistic Philosophy in Social Casework: Mary J. McCormick; Columbia University Press, New York, 1948. 148 pp. $2.00.

Understanding Christianity: Edited by Weigle and Thedd; Ronald Press, New York.

Understanding the Nervous Breakdown: C. R. Thayer; The United Presbyterian Board of Christian Education, Pittsburg.

Voluntary Parenthood: John Rock, M.D., and David Loth; Random House, New York, 1949. 308 pp. $3.00.

Ye Shall Be Comforted: William F. Rogers; Westminster Press, Philadelphia, 1950. 89 pp. $1.50.

Your Child or Mine: Louise H. Burton and Sage H. Jennings; Coward McCann, New York, 1949. 64 pp. $1.25.

NOTES AND COMMENTS

The Moreno Institute, Beacon, N. Y., has announced its "Training In Human Relations" workshops for the coming year. The remaining dates are November 23–26 and March 24–26. For details, write Moreno Institute, Box 311, Beacon, N. Y.

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A position as full time assistant chaplain is available. The salary is $1,800 plus room, board, and laundry. Single men are preferred. If interested, write Chaplain Robert Trenery, City Hospital, St. Louis, Mo. The job sounds as if it presented opportunities for growth and advancement.

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Dr. Anton T. Boisen has informed us that the fourth revised and enlarged edition of his *Hymns of Hope and Courage: A Service-Book for Use in Hospitals* is available. It is a compact collection of hymns, prayers, and passages of Scripture designed to deepen the aspiration for the better life, to strengthen faith in the love and healing power of God, and to foster attitudes of fortitude and courage. Particular attention is given to materials which deal constructively with the special problems common to hospital patients. Copies may be secured from Dr. Boisen, who is also the publisher, at 750 South State St., Elgin, Ill. (cloth, $1.10, paper, $.90).

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The Chaplain at the University Hospital, Ann Arbor, Mich., has mimeographed records of baptism other chaplains might find useful.

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The Rev. Herman Eichorn is now Protestant Chaplain at the Elgin State Hospital, Elgin, Illinois.

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The Rev. Jack Breckenridge has become United Church Hospital Chaplain in Hamilton, Ontario. He serves two general, one tuberculosis, and one mental hospital.

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A "Conference on Hospital Religious Work," was held in Shaghai, January 24–26, under the auspices of the Fellowship of Hospital Religious and Social Workers. A result has been the decision to shift from a dogma-centered ministry to one that is patient-centered. The limitations of group preaching in the Out-Patient departments and in the wards were also recognized.